MC0361

BEST BUY HOSPITALS

The Mk 1 & Mk 2 Designs Compared

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BEST BUY HOSPITALS: THE MK 1 AND MK 2 DESIGNS COMPARED

INTRODUCTION:

The original twin hospitals at Bury St Edmunds and Frimley were planned in the late 1960s and commissioned during 1973 (Bury) and 1974 (Frimley). Their design was identical in every respect save the Stores/Works block.

Replanning for the follow-on at Kings Lynn took place in the early 1970s and the commissioning of this hospital in 1979-80 is being watched with interest. The MK 2 design bears a strong family resemblance to MK 1, but the translation into "preferred" metric dimensions led to restricted areas being eased and there are other modifications as well, stemming mainly from:

a. widening of the 6-bed ward bays;

b. added functional requirements for certain departments;

c. improved specifications, notably in engineering services;

d. regional policy changes for support services, on and off-site;

e. inclusion of 160-bed geriatric annexe in design (not yet built);

f. some feedback from the MK 1 hospitals even before use.

The broad effect of the changes is summarised overleaf, taking Bury St Edmunds as the MK 1 exemplar.

This document compares the two designs department by department, a rather elastic definition of "departments" being adopted for convenience of presentation. The plans are supported by brief texts which list the functional content and main policy features in each case. Some evaluative comments can also be included; the MK 1 hospitals have been subjected to quite a thorough appraisal in order that all possible lessons may be learned from this progressive enterprise.

The BB designs have played a recognised part in the development of Nucleus, now receiving much attention from DHSS/RHA planners; which means that any such design-in-use experience should be particularly relevant to the ongoing Nucleus programme.

Reports of evaluation studies are included in the selective bibliography. It is felt that by showing to what extent the shortcomings of MK 1 may have been remedied during its updating to MK 2 this comparison will provide a useful adjunct to those reports.

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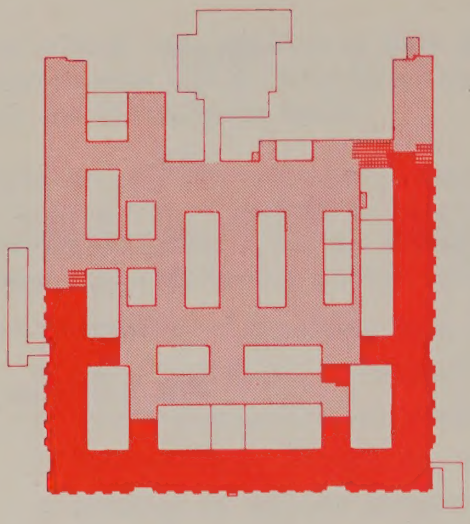
SUMMARY COMPARISON	MK 1 (Bury)	MK 2 (Kings Lynn)
Assessed catchment population	170,000	190,000
Bed Content		
Acute beds (incl ITU, Children and Isolation)	360	348
Maternity beds	86 (+20 SCBU)	78 (+20 SCBU)
Geriatric beds	50	52 (more later)
Psychiatric beds	53	- (separate annexe)
BEDS TOTALS:	549	478 first phase
Diagnostic Departments		
Operating theatres	6	7
X-ray rooms	6	8 + ultrasonic
Pathology LSUs	48	68 + radioisotopes
(Pharmacy and other depts see below)		
Gross Floor Area	29,641 sq metres	38,248 sq metres
Costs		
Contract price (as if at Dec 73) —	£5,251,784 (1969 updated*)	£7,855,593 (1974 actual)
Cost per sq metre	£177	£205
Cost per bed	£9,566	£16,434

Examples of added functional content in MK 2 (reasons already stated):-

Pharmacy — full manufacturing etc services;
OPD — dental and audiology clinics;
Rehabilitation — hydrotherapy pool;
Mortuary — enlarged body store etc;
Medical Photography — new dept;
Hospital Sterilising and Disinfecting Unit — new dept;
Non-resident Staff Changing, Catering, Stores/Works Block — sized for higher level of demand in the future.

* NB this notional figure is higher than the final contract sum.

BEST BUY MK 1
First Floor



DEPARTMENT: ACUTE WARDS (incl. Female Surgery and ENT/Eye/Dental).
AREA: 5641 sq. metres (to bring in Central Treatment etc.)
SAVING ON DHSS NORM. (1968 BN): 32.8%

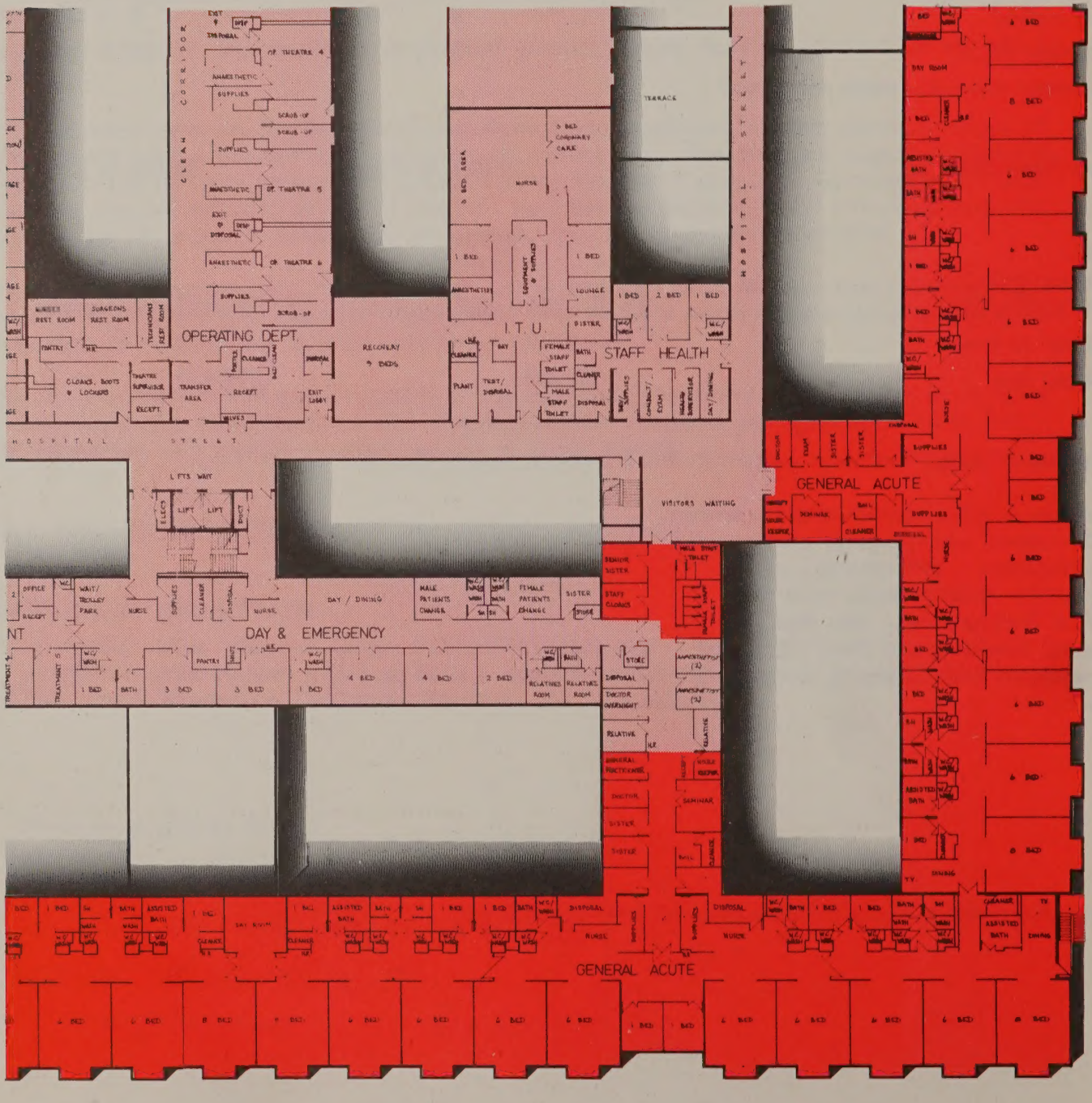
CONTENT:
9 nursing units of mainly 6-bed bays and single rooms with full supporting facilities (Sanitary annexes, clean and dirty utility rooms, staff rooms and storage).

5 general units have	36 beds including 4 singles)	
2 general units have	35 beds including 3 singles)	Total 304 beds
ENT etc unit has	33 beds including 3 singles)	
Fem. Surg. unit has	21 beds including 3 singles)	

The multi-bed bays contain sitting space; also each unit has a day/dining area at "far" end. Generally units are paired at nearer end for street access, offices and so on; also for mutual support between staff bases. Only ENT etc unit has treatment room (see "Central Treatment").

POLICY:
1. Units continuously banded around first floor perimeter to encourage flexible allocation of beds, which can vary to suit demand. Also permits horizontal evacuation in case of fire.
2. Adoption of progressive patient care (PPC) implies that:
   a. "High dependency" end of each unit – say 10 beds – should be observable from staff base and (with the other singles) have piped medical gas outlets.
   b. Expected "low dependency" complement warrants inclusion of open dayroom at far end, and – in general units – of 8 beds in opposite bay.
   c. Patients are more often moved in their beds, both within the unit and outside to diagnostic or treatment areas.
3. As for MK 2.

EVALUATIVE COMMENT:
Experience of PPC reveals above-average proportion of high dependency patients, demanding more skilled attention and services outlets, also adding to observation problems; some support services need improving, while ENT etc unit could really do with 2 staff bases. Nevertheless patients appreciate the environment, good atmosphere and amenities.



DEPARTMENT: ACUTE WARDS (incl. Female Surgery and ENT/Eye/Dental).
AREA: 6451 sq. metres (to bring in Central Treatment etc.)
SAVING ON DHSS NORM. (1958 BN): 11.2%

CONTENT:
9 units of 6-bed bays and single rooms with full supporting facilities (Sanitary annexes, clean and dirty utility rooms, staff rooms and storage).

7 general units have 34 beds including 4 singles)
ENT etc unit has 33 beds including 3 singles) Total 292 beds
Fem. Surg. unit has 21 beds including 3 singles)

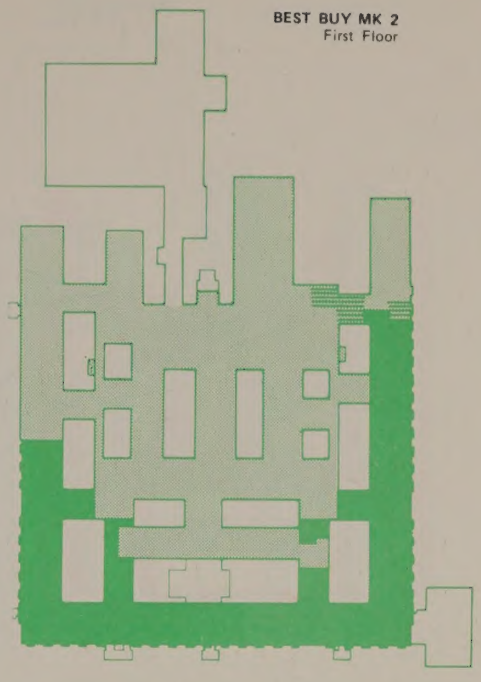
The 6-bed bays contain sitting space; also there is day/dining room at "far" end of each unit, mostly paired together.
Similar pairing occurs at nearer end for street access, offices and so on; also for mutual support between staff bases.
Only ENT and one other unit have own treatment rooms.

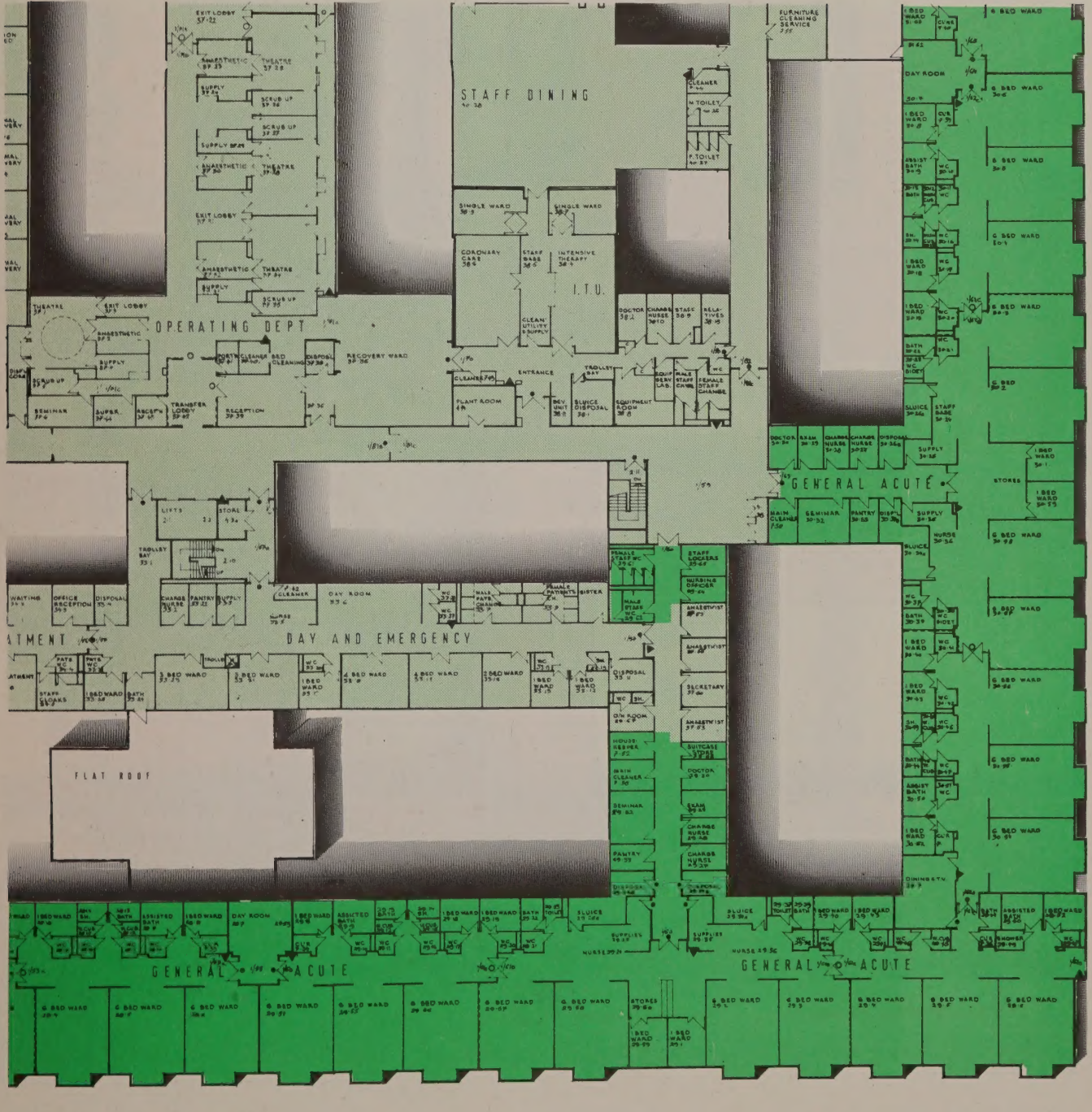
POLICY:
1.)
2.) Generally as for MK 1, with these qualifications:-

a. Various factors (nursing admin. arrangements, inter-position of fire compartment doors etc) may diminish flexibility in bed allocations to some extent.
b. Anticipation of more high dependency patients has led to increased provision of piped services outlets and abandonment of 8-bed bays.

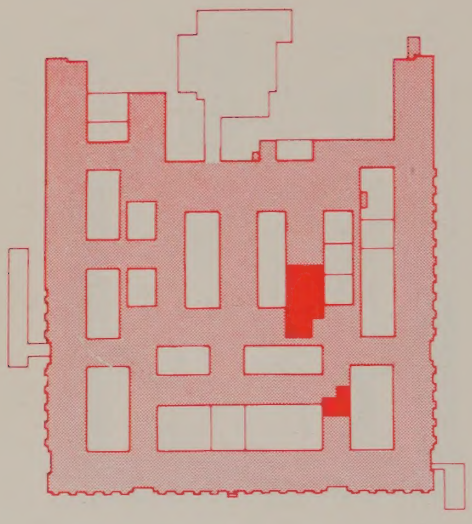
3. Support for nursing staff to comprise full housekeeping service; centralising of catering and beverages provision; comprehensive supply and disposal system, with access to utility rooms directly off link corridors to street.

EVALUATIVE COMMENT:
Improvements in sanitary provision, pantries, storage and other user areas were consequent upon DHSS decision to widen the 6-bed bays, which affected whole perimeter of building. This change stemmed from ergonomic studies before the MK 1 design could be evaluated in use.
Otherwise layout and policies are essentially unchanged.





BEST BUY MK 1
First Floor

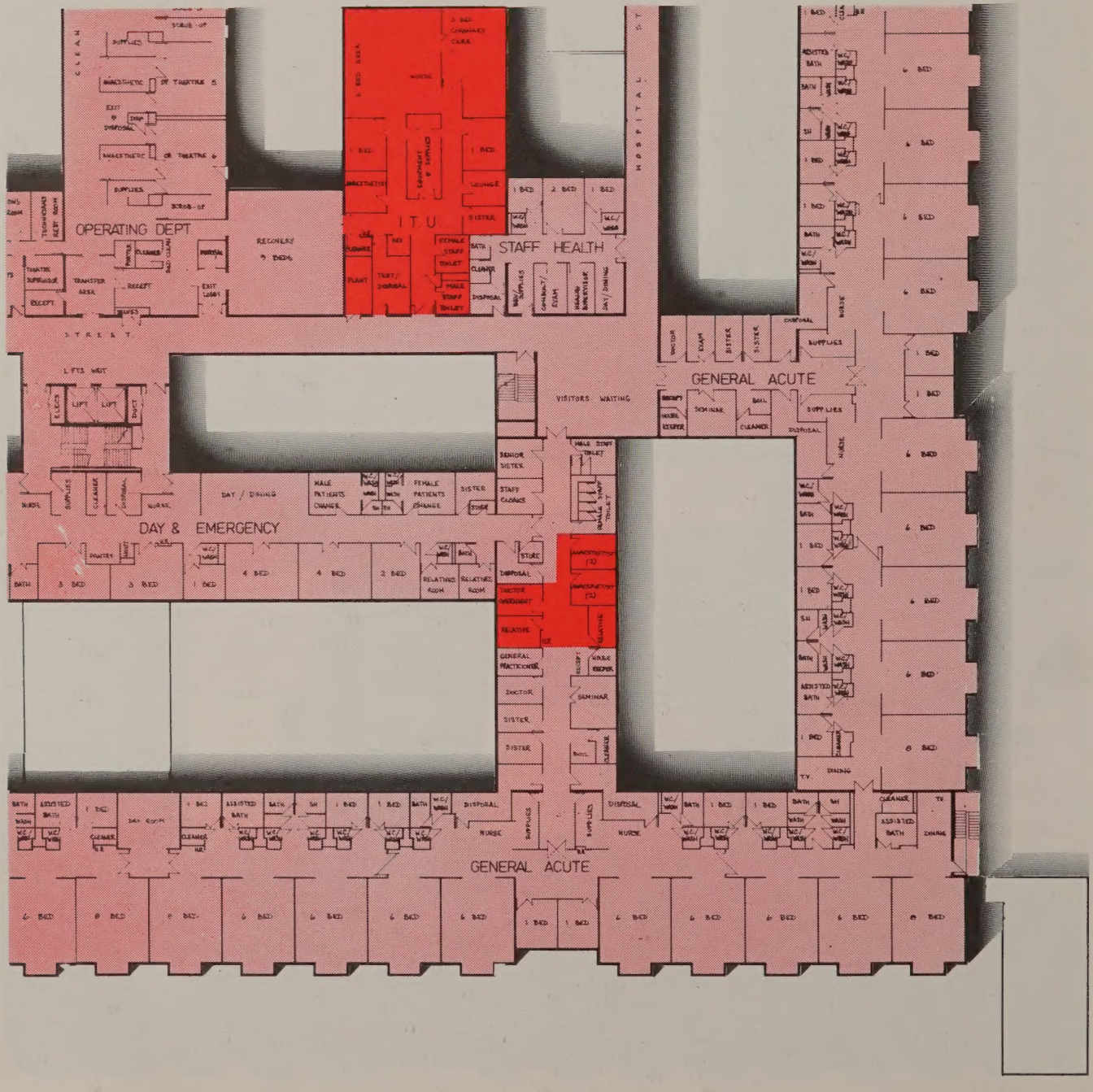


DEPARTMENT: INTENSIVE THERAPY/CORONARY CARE UNIT
AREA: 345 sq. metres
SAVING ON DHSS NORM. (1970 BN): 19.2%

CONTENT:
ITU – 3 beds in open area, 1 single room) Total 8 beds
CCU – 3 beds in curtained bays, 1 single room)
Central staff base with Supplies/clean utility.
Test/disposal/dirty utility (accessible from street as well)
Staff cloakrooms and lounge, offices etc.

POLICY:
1. Strategically located in "core" of building close to lifts, to receive urgent admissions from any source within hospital or outside. Direct link with theatres via recovery area.
2. Combination of IT and CC in one unit justified by variable demand, to make fuller use of beds which call for major outlay of staff and services.
3. Restricted space for ancillary functions, also relatives' rooms located just outside; but adjacent staff health clinic may offer scope for ITU expansion if essential.
4. Control of infection – as for MK 2.
5. "Modura" rail available for bedhead equipment; central monitoring if desired.
6. Fire exit via terrace outside CC bay.

EVALUATIVE COMMENT:
Location and facilities welcomed for enabling full support to theatre recovery, A and E dept., and PPC in wards; but some user criticism of limited space for special equipment etc., and of the way IT and CC functions have been combined.
Clerestory windows present certain problems at times.



DEPARTMENT: INTENSIVE THERAPY/CORONARY CARE UNIT
AREA: 468 sq. metres.
SAVING ON DHSS NORM. (1974 BN): 1.5%

CONTENT:

ITU – 3 beds in open area, 1 single room)
CCU – 3 beds in curtained bays, 1 single room) Total 8 beds

Central staff base with glazed partitions and adjacent supplies.
Sluice/disposal near main entrance, also HMC and beverage bay.
Side entrance to staff changing and rest rooms, offices and relatives' room.
Separate equipment store and small laboratory.

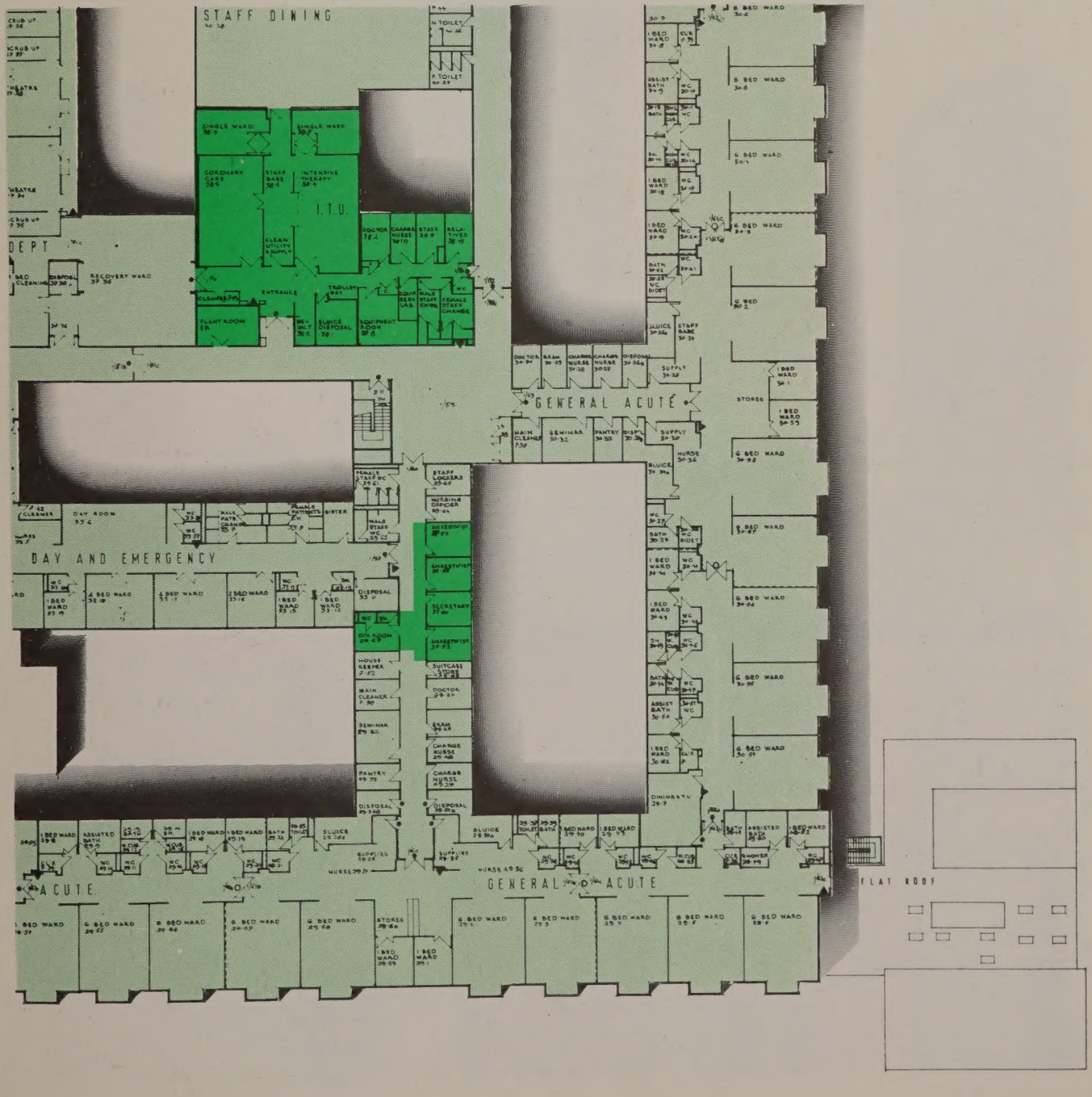
POLICY

1.) As for MK 1.
2.)
3. Removal of staff health clinic gave plenty of space for: increase of facilities like equipment storage and staff cloaks; new layout of staff base/supplies with better observation and monitoring; and inclusion of relatives' room.
4. Control of infection aspects:-
   a. Design allows for necessary staff disciplines (gowning etc) to be determined locally.
   b. Input/extract ventilation made flexible enough to meet generally expected requirements – more so in MK 2, which includes airlocks for single rooms.
5. As for MK 1.
6. Fire exit through dining room.

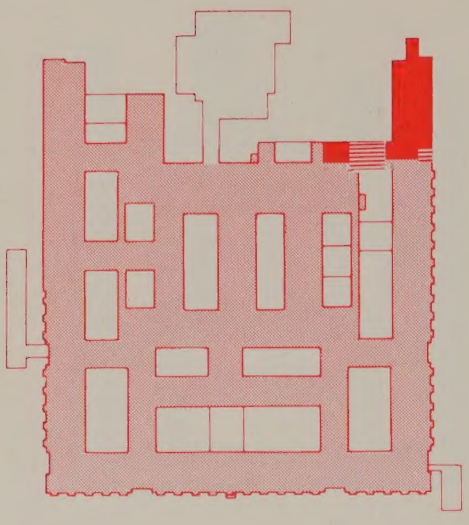
EVALUATIVE COMMENT:

Extra space puts less emphasis on economical planning, but most MK 1 criticisms should be satisfied.

BEST BUY MK 2
First Floor



BEST BUY MK 1
First Floor



DEPARTMENT: CHILDREN'S UNIT
AREA: 591 sq. metres
SAVING ON DHSS NORM. (1964 BN): 52.2%

CONTENT:

10 beds in open area, to include play-space.
6 single cot rooms (glazed screening) with staff sub-base.
4 beds in twin-bed rooms.
2 beds in single rooms.
2 beds in single rooms with toilets en suite.
24 total plus 4 beds in "swing bay" adjacent to ENT unit.

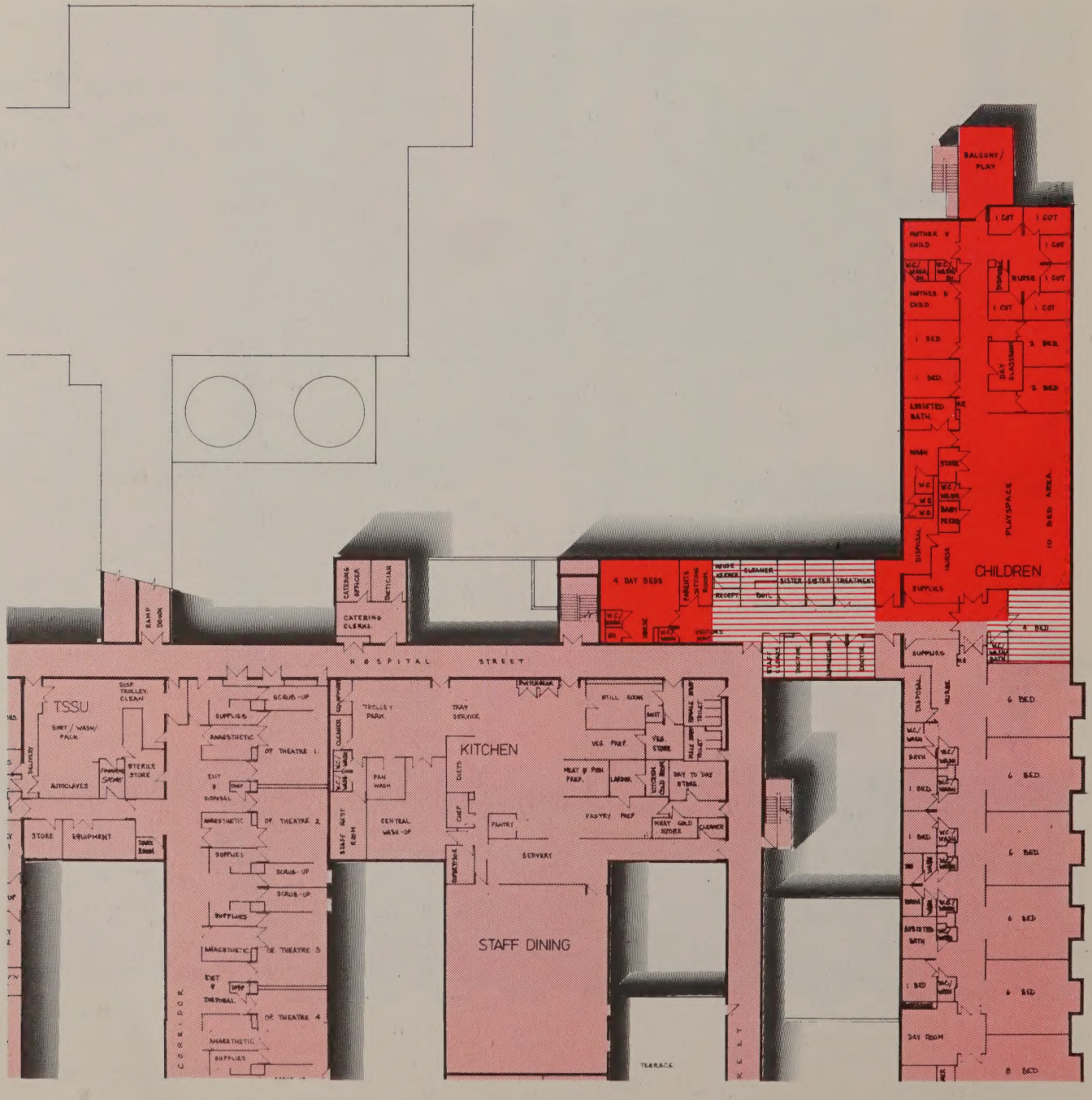
Classroom and outdoor play areas.
Room for 4 day-beds at other side of entrance, also facilities for parents and staff.
Normal support services, offices and treatment room.

POLICY:

1. To provide appropriate care for patients of various ages, covering all specialties except psychiatry. Unit is under control of paediatric consultant and staffed by children's nurses.
2. Detached location away from adult wards but accessible to main diagnostic and treatment facilities; parents welcome to spend as much time as they can, even overnight.
3. As for MK 2.

EVALUATIVE COMMENT:

Despite pleasant appearance both patients and staff unhappy about layout, with high dependency remote from staff base; also shortage of space for various purposes. Day-bed area used as playroom instead.



DEPARTMENT: CHILDREN'S UNIT
AREA: 817 sq. metres
SAVING ON DHSS NORM. (1964 BN): 33.9%

CONTENT:

10 beds in open area, to include play-space.
6 beds in standard ward bay.
6 beds in single rooms.
2 beds in single rooms with toilets en suite
24 total plus 4 beds in "swing bay" adjacent to ENT unit.

Classroom, solarium and outdoor play area.
Room for 4 day-beds at other side of entrance, also facilities for parents and staff.
Normal support services, offices and treatment room.

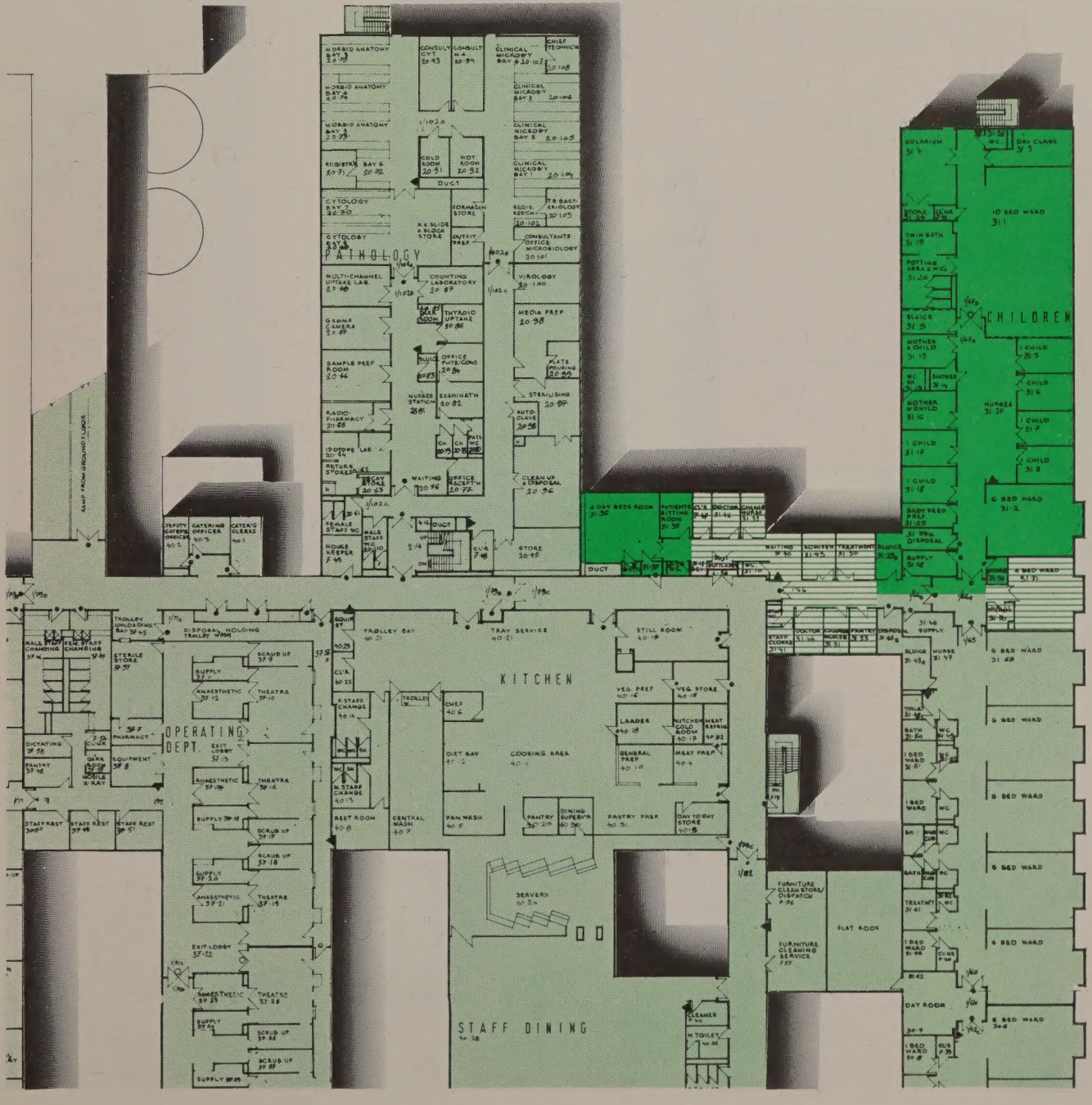
POLICY:

1.) As for MK 1
2.)
3. Designed for maximum user flexibility:-
   a. Mother and baby "rooming-in" (but infectious cases should go to Isolation Unit).
   b. Teaching, play-group activity etc according to demand.
   c. Use of "swing bay" as needed, eg. for adolescents or ENT.
   d. Occasional acceptance of day-patients.
   e. Optional methods of catering (trays or bulk supply).

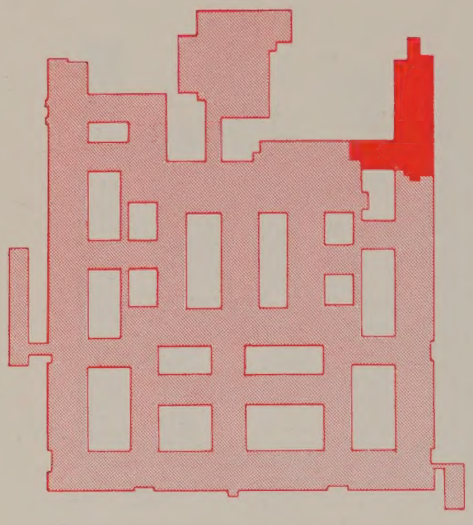
EVALUATIVE COMMENT:

More space plus improved layout should satisfy most of the MK 1 criticisms, but policy unchanged.

BEST BUY MK 2
First Floor



BEST BUY MK 1
Ground Floor



DEPARTMENT: ISOLATION UNIT
AREA: 783 sq. metres
SAVING ON DHSS NORM. 6.3%

CONTENT:

6 single rooms at far end with own disposal facility and input/extract (negative pressure) ventilation.
14 single rooms (extract ventilation only)
20 total; each having toilet annexe and pass-through cupboards.

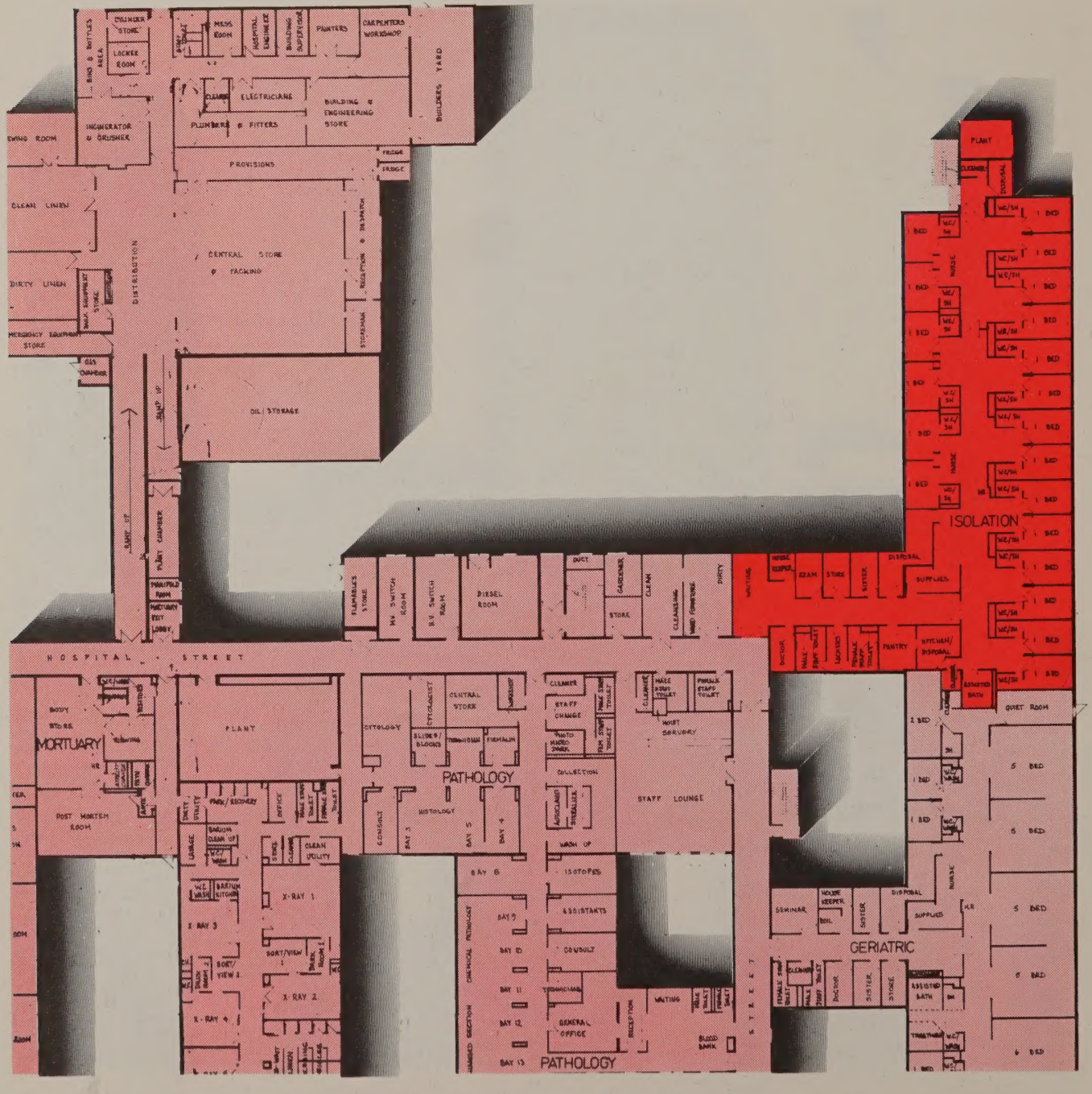
Main staff base with standard supply and disposal areas. Offices, cloakrooms, pantries, bathroom and other support facilities.

POLICY:

1. To receive from any source, within or outside hospital, child/adult patients who need period of isolation for whatever reason; "high-risk" rooms used according to type of infection.
2. To provide within each self-contained suite whatever kind of medical and nursing care may be needed; 6 rooms on left side of unit are equipped for high-dependency patients.
3.) As for MK 2
4.)

EVALUATIVE COMMENT:

This block of single rooms proves useful for a variety of purposes, including staff training; some criticism of tightness of space (eg for toilets and storage) and of patient observation.



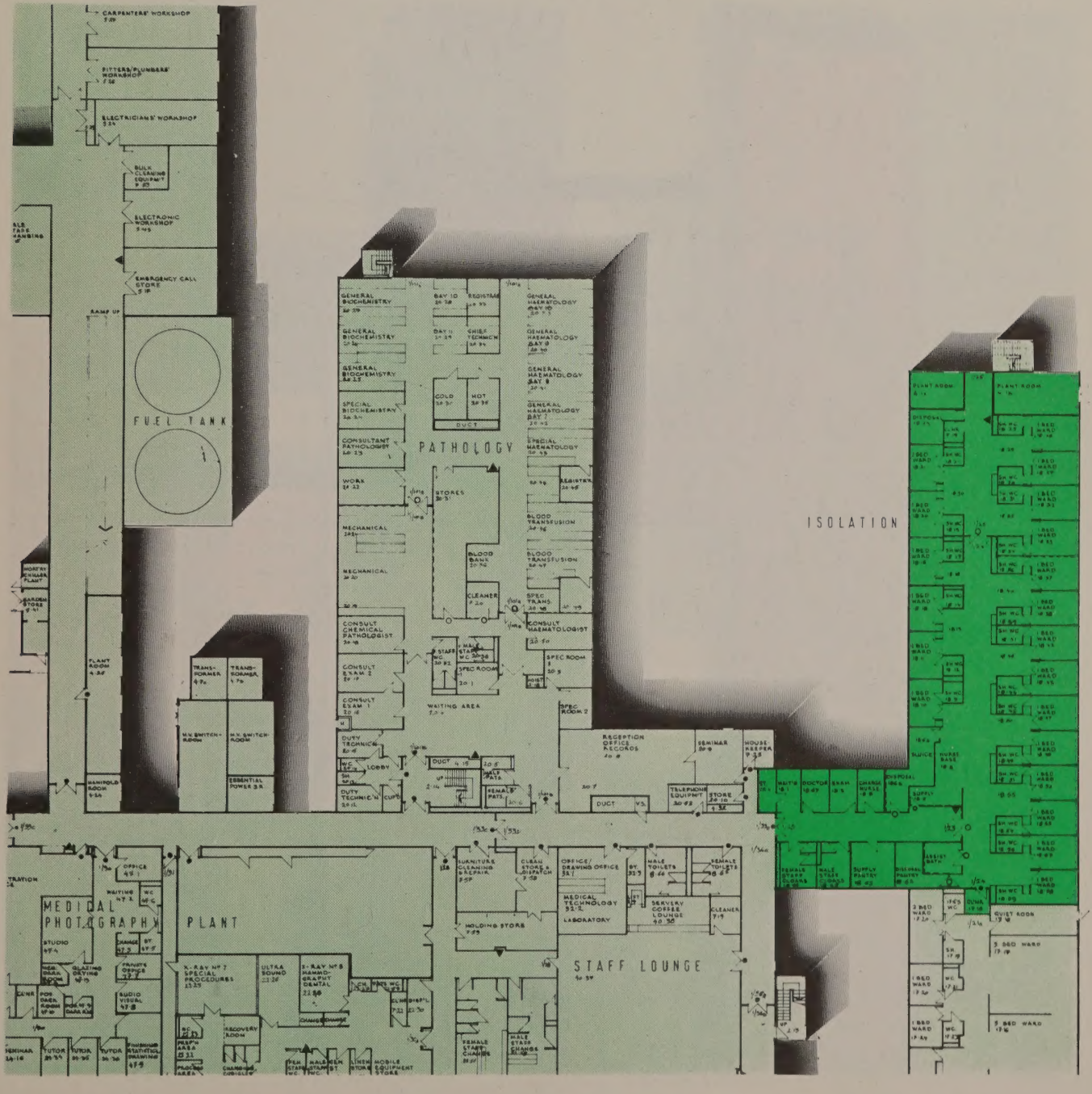
DEPARTMENT: ISOLATION UNIT
AREA: 826 sq. metres
SAVING ON DHSS NORM. 1.6%

CONTENT:
Identical with MK 1 in every way, subject to slight improvements in space and design.

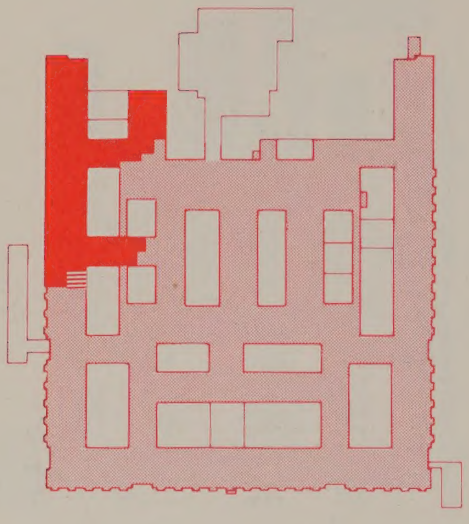
POLICY:
1.) As for MK 1
2.)
3. **Control of Infection:** procedures as regards gowning for patient-care, disposal of contaminated linen, cleansing of vacated rooms to be determined locally; design implications:-
   a. Pass-through cupboards enable food, clean and dirty linen etc to be handled without entering room.
   b. "High-risk" section (plenum ventilation) includes 2-way speech link for staff, to reduce direct contact even more.
   c. Unit has twin pantries – one side to receive bulk food from kitchen and make up trays, other side for sterilization of crockery and utensils (although disposable items may be preferred.)
4. No link with rest of hospital except via "street" entrance; but emergency access from outside at distal end of block.

EVALUATIVE COMMENT:
Spaces and ventilation a bit better but policy unchanged; unit should function much the same as MK 1.

BEST BUY MK 2
Ground Floor



BEST BUY MK 1
First Floor



DEPARTMENT: MATERNITY WARDS
AREA: 2859 sq. metres (incl. CDS and SCBU)
SAVING ON DHSS NORM (1963 BN): 40.7%

CONTENT:

72 beds in 6-bed enclosed bays giving "rooming-in" space if desired.
6 beds in single rooms/optional nurseries.
8 beds in single rooms (with cot spaces) for Barrier Nursing.
86 Total, plus 4 nurseries/optional single rooms.

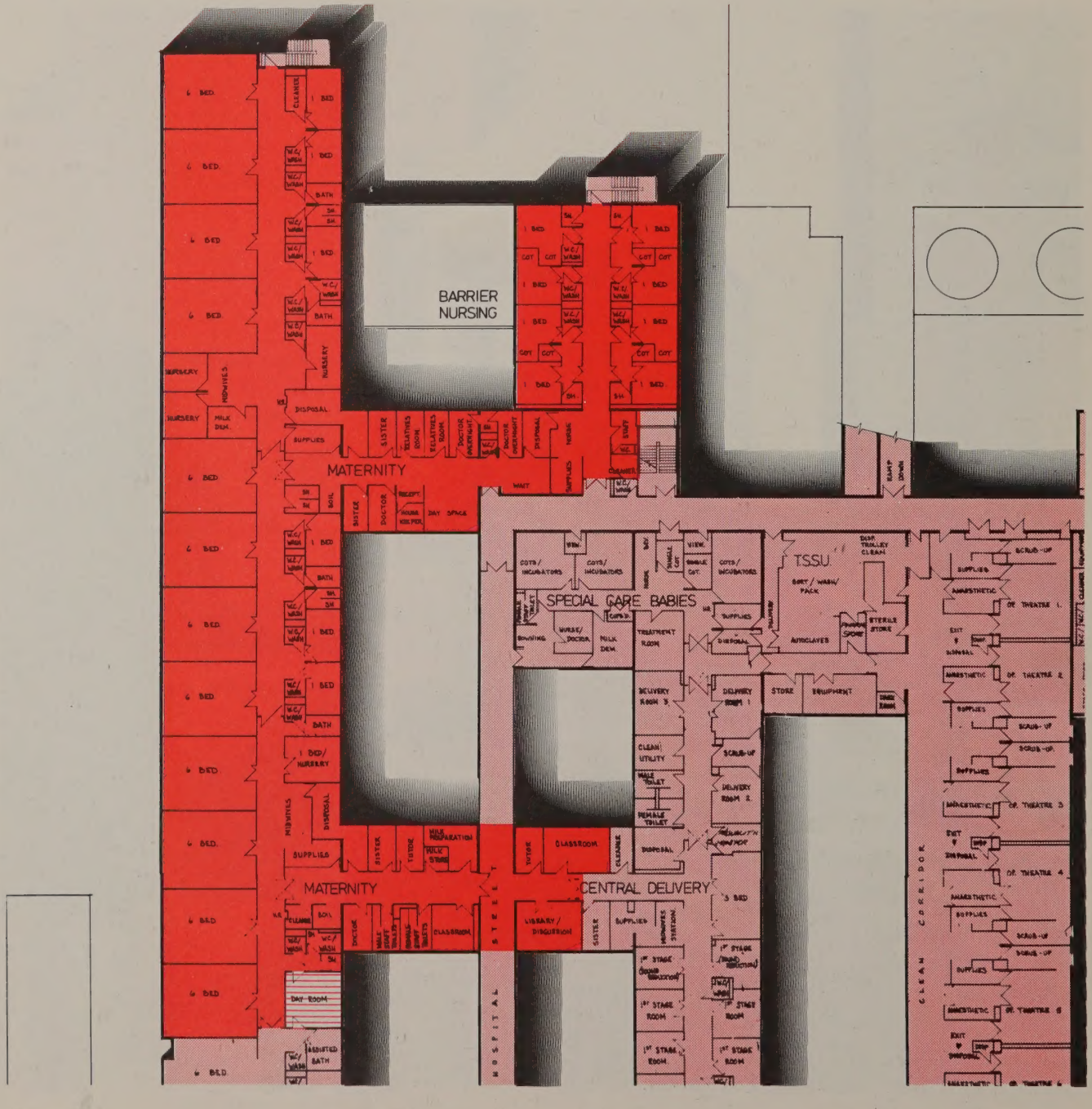
2 staff bases with supply and disposal areas in main ward band, plus another for the barrier nursing unit (separate entrance).
Usual supportung facilities: offices and overnight rooms, milk storage, day/dining areas and various toilet annexes.
2 classrooms, tutor's room and library in link to CDS; other teaching in Education Centre.

POLICY:

1. Need assessed on basis of 17 births per 1000 population, up to 100% in-hospital, 2-8 days' length of stay and 70% bed occupancy.
2.) As for MK 2.
3.)

EVALUATIVE COMMENT:

Facilities in general and integration with CDS are appreciated, but layout of staff bases and the like not helpful to good management. Falling birthrate means over-provision, even for Frimley's "exploded" population, so average length of stay higher than planned. Barrier nursing not needed; some wards etc put to other uses, eg for dayspace or storage — but not gynae overflow as hoped. Teaching facilities could be better.



DEPARTMENT: MATERNITY WARDS
AREA: 3226 sq. metres (incl. CDS and SCBU)
SAVING ON DHSS NORM. 27.1%

CONTENT:

66 beds in 6-bed enclosed bays giving "rooming-in" space if desired.
5 beds in single rooms/optional nurseries.
7 beds in single rooms (with cot annexes) for Barrier Nursing.
78 Total, plus 4 nurseries/optional single rooms.

2 staff bases with supply and disposal areas in main ward band, plus another for the barrier nursing unit (separate entrance).
Usual supporting facilities: offices and overnight rooms, milk storage, day/dining areas and various toilet annexes.
Teaching space in situ comprises classroom and library; remainder on ground floor beside Education Centre.

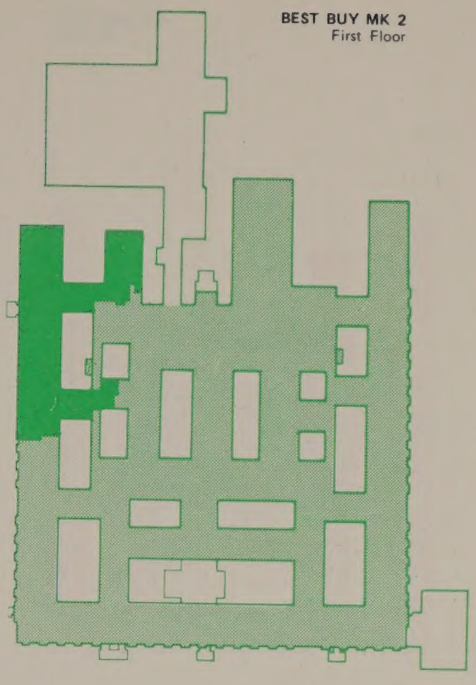
POLICY:

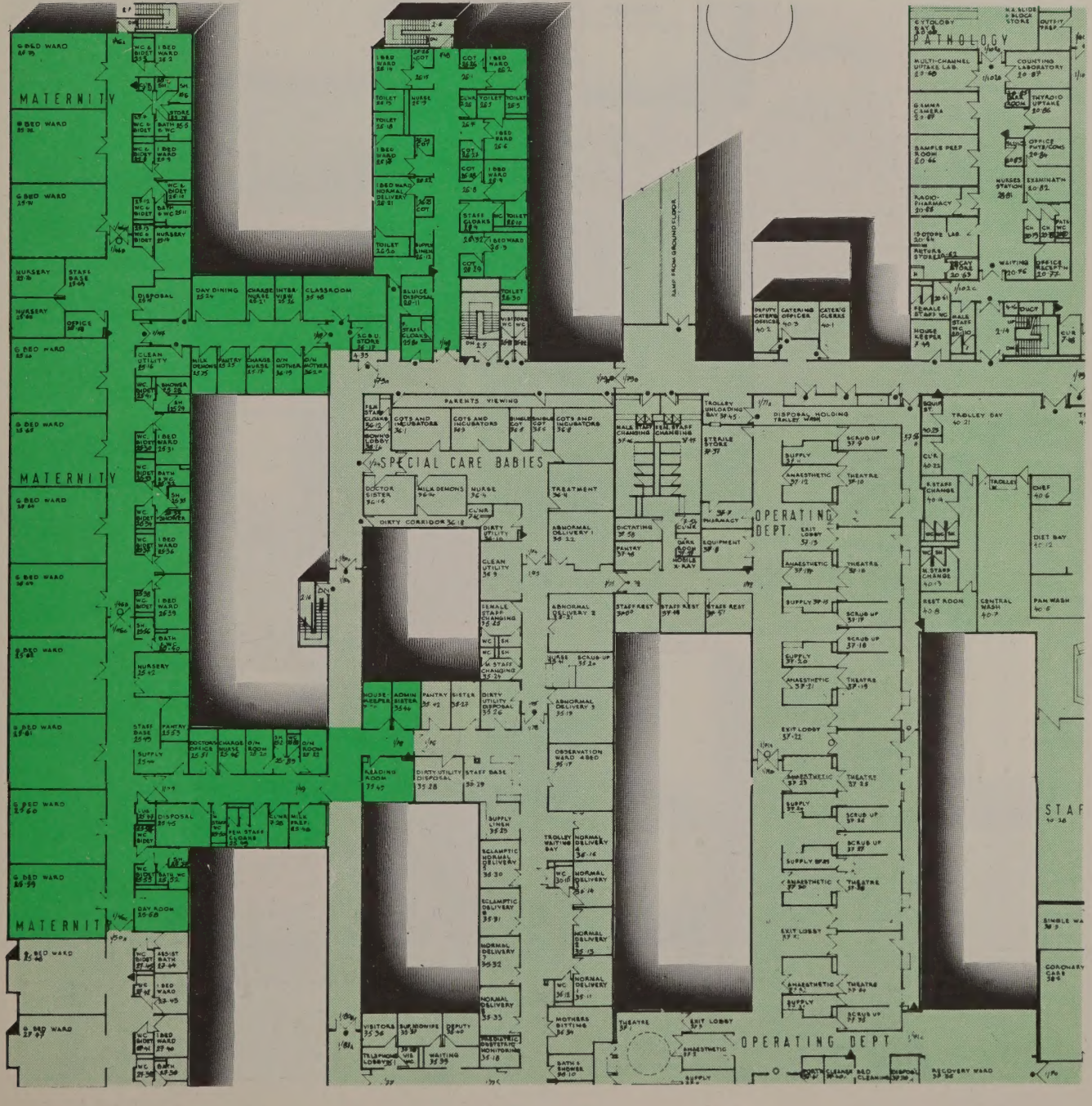
1. Need assessed on basis of 14.8 births per 1000 population, up to 100% in-hospital, average stay 6 days and 75% bed occupancy.
2. Use of single rooms/nurseries may vary with demand, likewise the division between ante- and post-natal sections. Adjacency of gynae wards should allow some "ebb-and-flow".
3. Barrier nursing rooms for use when occasion arises, to care for mother and her baby separately or together (one room equipped for deliveries).

EVALUATIVE COMMENT:

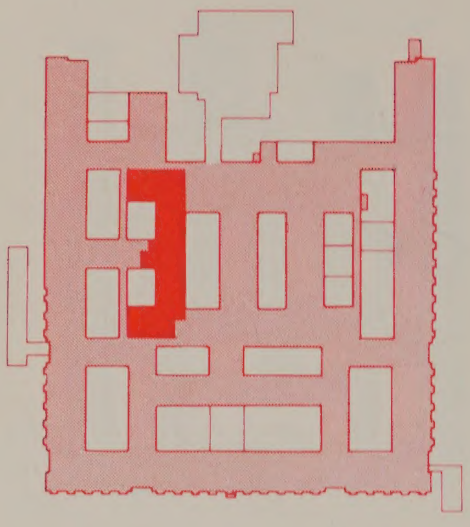
Reduced bed complement may still prove a bit excessive for current needs, otherwise policy and function should be comparable with MK 1; also teaching accommodation somewhat improved.

BEST BUY MK 2
First Floor





BEST BUY MK 1
First Floor

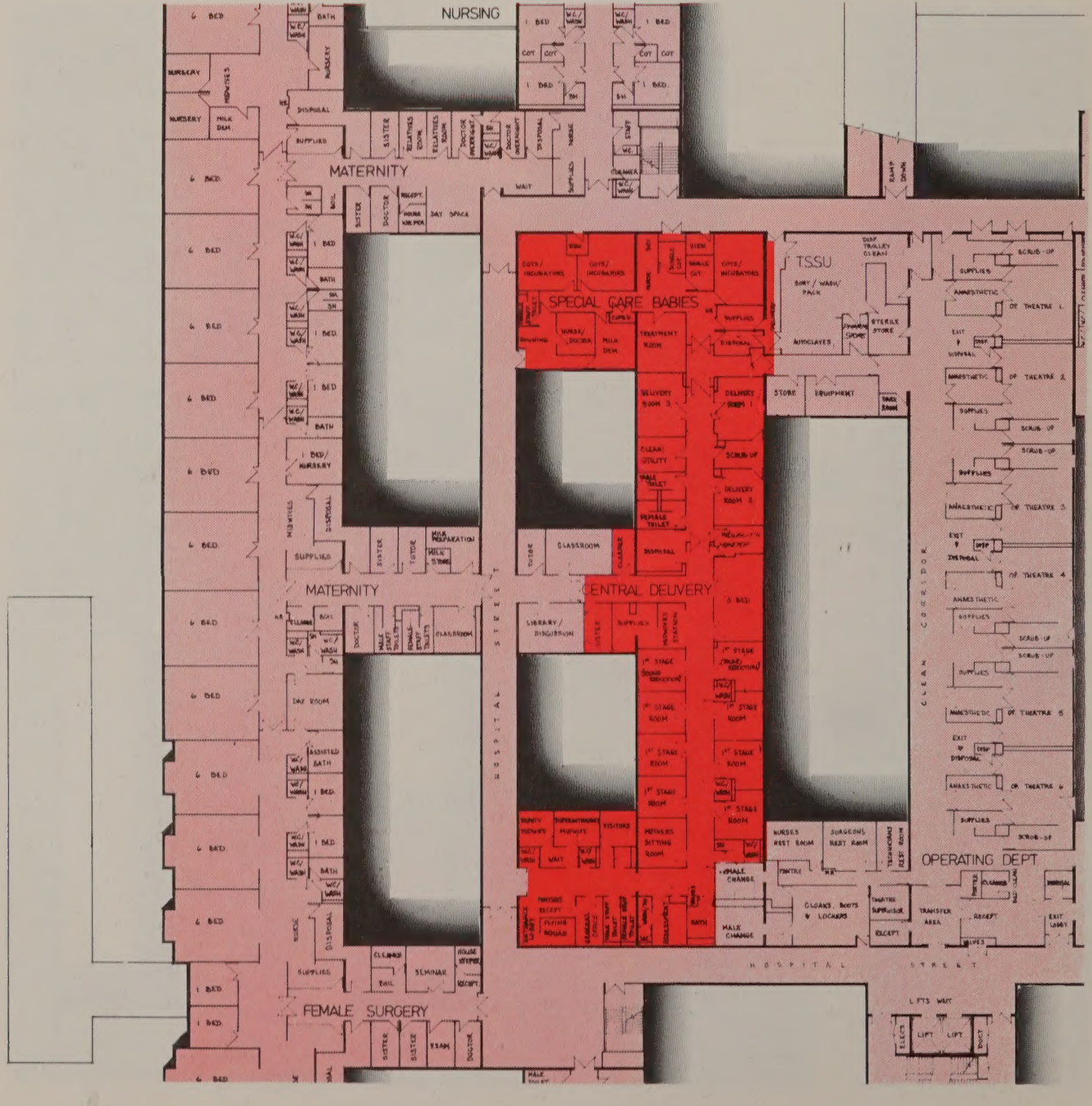


DEPARTMENT: CENTRAL DELIVERY SUITE AND SPECIAL CARE BABY UNIT (SCBU)
AREA:)
SAVING ON DHSS NORM.) included with Wards

CONTENT:
CDS: Admissions area with offices, reception/records, wait-spaces and assessment rooms.
8 first stage/normal delivery rooms (2 soundproofed).
3-bed high dependency/observation ward.
3 abnormal delivery obstetric theatres, scrub-up etc.
Patients' sitting-room and toilet facilities.
Staff base with supply/disposal rooms, offices and cloakrooms.
SCBU: 20 cot spaces (3 x 6 plus 2 singles) with viewing lobbies. Staff base with supply and disposal, office, treatment and milk demonstration rooms.

POLICY:
1. Management of CDS integrally with wards enables system of progressive patient care to be applied. Teaching goes on throughout department and in Education Centre. Records held at Admissions except when "loaned" for OPD clinics.
2. GPs and community midwives can attend with patients and undertake straightforward deliveries.
3. Controlled environment (heating and ventilation) wherever clinically necessary.
4.) As for MK 2
5.)

EVALUATIVE COMMENT:
As for wards, reactions mostly favourable but some degree of over-provision is found, notably in SCBU; good liaison with community services. Location of clinics on ground floor nearby is only a minor disability.



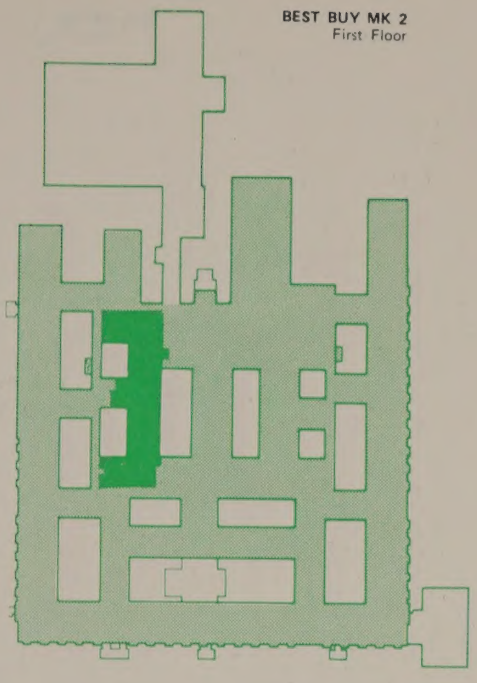
DEPARTMENT: CENTRAL DELIVERY SUITE AND SPECIAL CARE BABY UNIT
AREA:)
SAVING ON DHSS NORM.) included with Wards

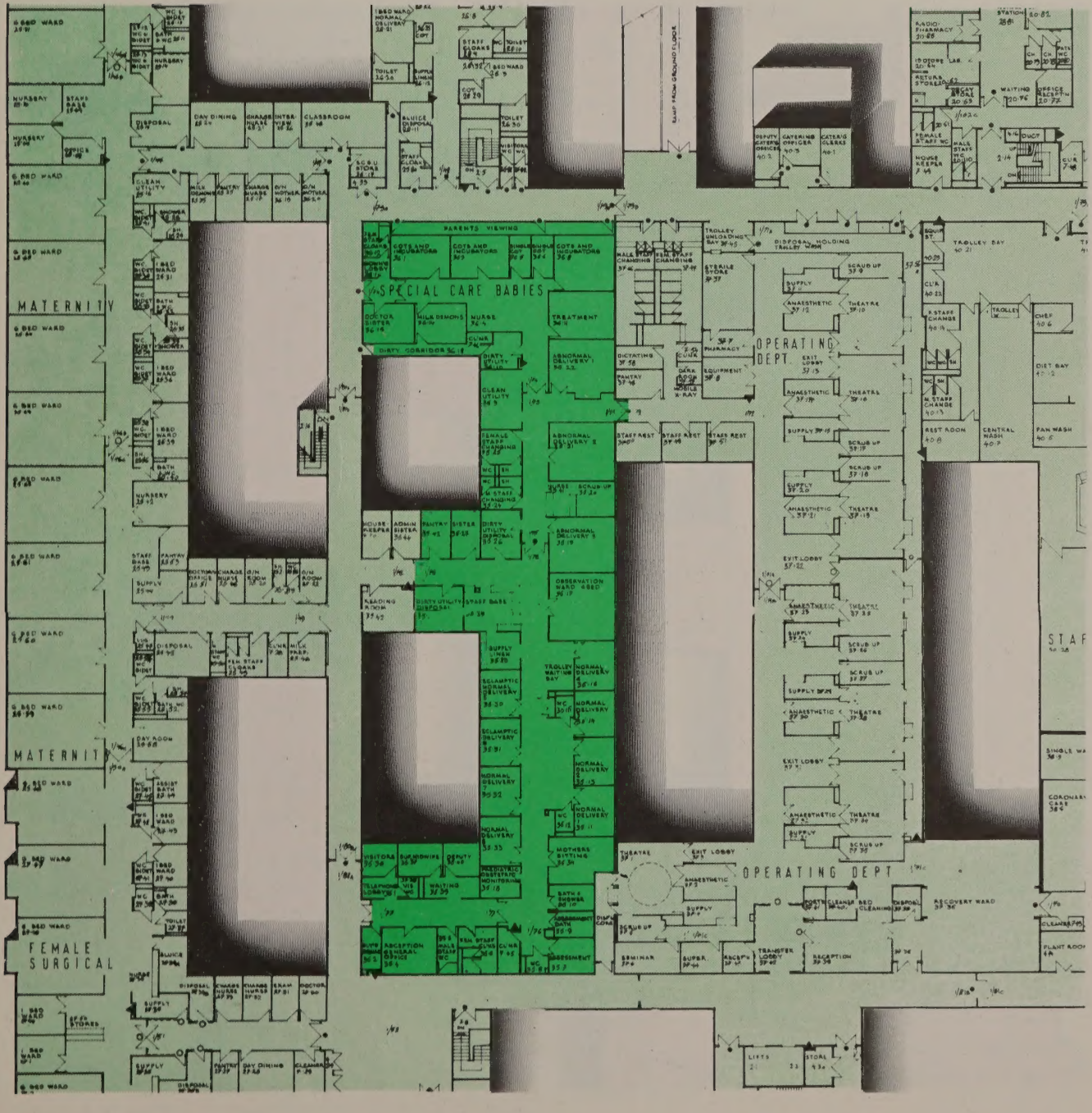
CONTENT:
CDS: Admissions area with offices, reception/records, wait-space and assessment rooms.
8 first-stage/normal delivery rooms (2 soundproofed).
4-bed high dependency/observation ward.
3 abnormal delivery obstetric theatres, scrub-up etc.
Patients' sitting room and toilet facilities.
Staff base with supply/disposal rooms, offices and cloakrooms.
SCBU: 20 cot spaces (2 x 5 plus 1 x 8 plus 2 singles); also viewing gallery.
Staff base with supply and disposal, office, treatment and milk demonstration rooms.

POLICY:
1.)
2.) As for MK 1.
3.)
4. Abnormal delivery rooms get specialised supplies from HSDU (MK 1 – TSSU); procedures include occasional emergency sections. Caesarians may be pre-booked for operating theatres and take a normal route, but in emergencies the direct "back door" access is available.
5. Babies needing resuscitation, intensive care or close observation are admitted/transferred to SCBU for appropriate period, then rejoin mother in ward or at home.

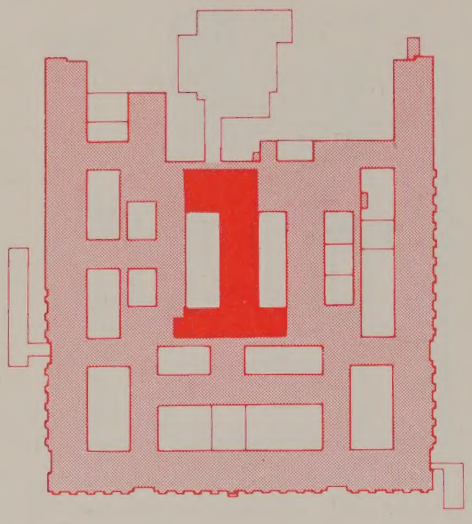
EVALUATIVE COMMENT:
Minor improvements in space and layout but policies essentially unchanged from MK 1. Unless birthrate recovers a similar degree of over-provision seems likely.

BEST BUY MK 2
First Floor





BEST BUY MK 1
First Floor

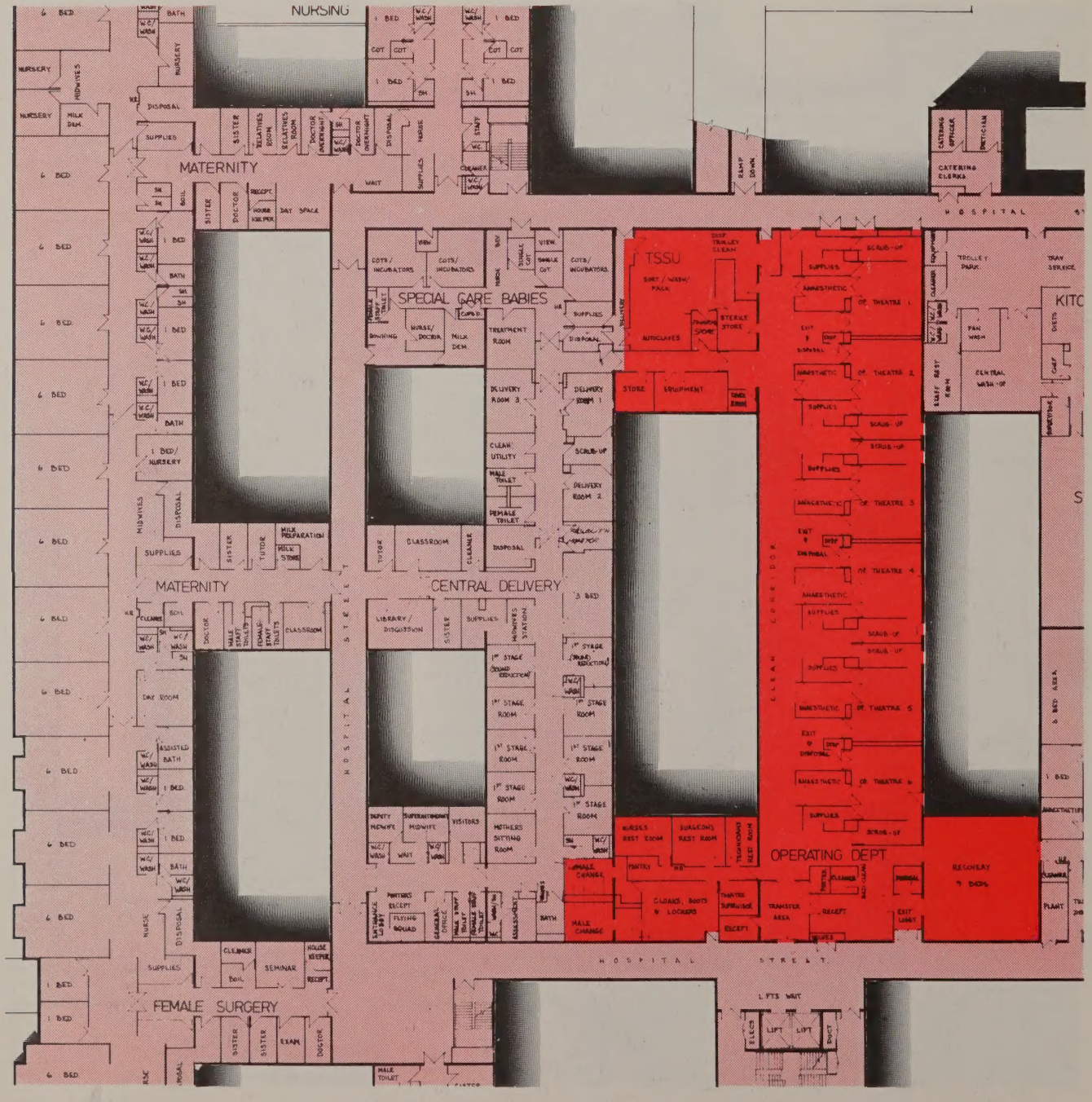


DEPARTMENT: OPERATING THEATRES AND RECOVERY
AREA: 1365 sq. metres.
SAVING ON DHSS NORM. (1967 BN): 31.7%

CONTENT:
6 multi-purpose theatre suites in line; each consists of operating room, anaesthetic room, scrub-up, supply room and (paired) disposal/exit lobby.
Theatre Sterile Supply Unit with trolley-clean and disposal areas. Equipment store and X-ray dark room.
Staff changing rooms, rest rooms (3) with pantry, offices etc. Patients' reception, transfer lobby, waiting and bed-cleaning areas. 9-bed recovery area with staff base and disposal room; ITU beyond, and anaesthetists' offices in nearby corridor.

POLICY:
1. For flexibility in use all theatres have same size and fitting-out standards; designation of "emergency" theatre to be optional.
2. TSSU cleans, packs and sterilizes used instruments and utensils; receives clean linen, dressings etc from outside; made-up packs are trolleyed to each theatre's pass-through supply cupboards.
3. Single corridor serves all traffic (clean or "dirty") and involves careful bagging/sealing of disposable items before removal from theatre, plus cleansing of trolleys on turn-round.
4.) As for MK 2
5.)
6. Each theatre's list to include "dead" period for weekly maintenance; access to 5 of them can be from mobile elevator platform on ground outside, via bulkhead doors.

EVALUATIVE COMMENT:
Good staff discipline enables single corridor layout to function satisfactorily. TSSU has overcome initial problems but spaces etc remain inadequate. Designation of emergency theatre no great problem, but some user specialisation between theatres proving necessary. Staff changing rooms poor, otherwise environment and facilities are well-liked.



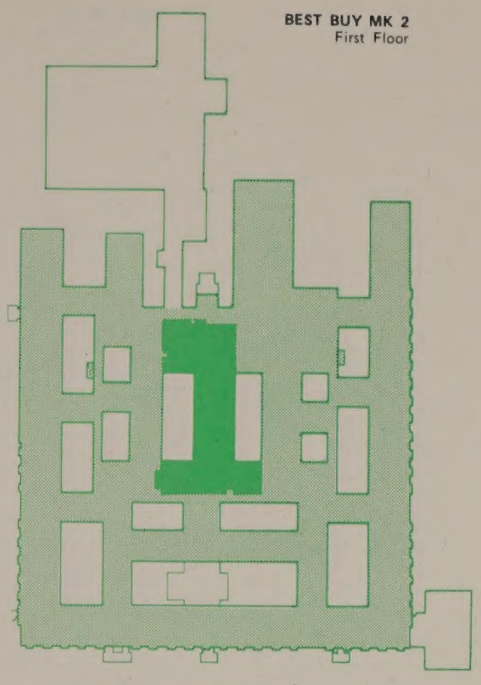
DEPARTMENT: OPERATING THEATRES AND RECOVERY
AREA: 1861 sq. metres.
SAVING ON DHSS NORM. (1967 BN): 9.4%

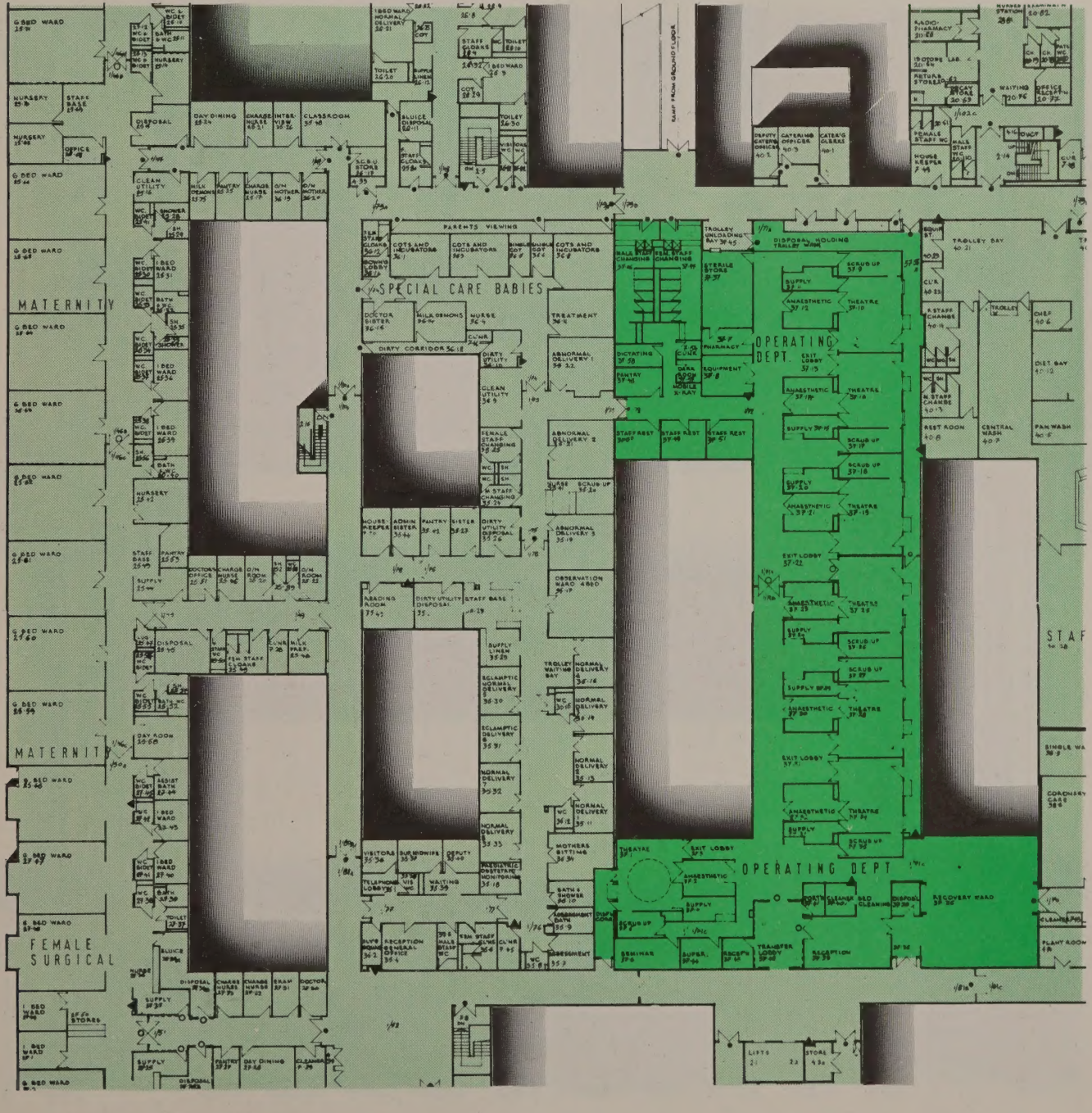
CONTENT:
6 multi-purpose theatre suites in line; each consists of operating room, anaesthetic room, scrub-up, supply room and (paired) exit lobby, with disposal facilities in "back" corridor.
1 separate emergency theatre with all adjuncts as above..
Sterile goods store/pharmacy with trolley-clean.
Equipment store and X-ray dark room.
Staff changing and rest rooms with pantry, offices and seminar.
Patients' reception, transfer lobby, waiting and bed-cleaning areas.
9-bed recovery area with staff base and disposal room; ITU beyond, and anaesthetists' offices in nearby corridor.

POLICY:
1. For flexibility in use the 6 elective theatres are of same size and standard (but see below); emergency theatre was added to meet specific demand, notably when rest of department shuts down at night.
2. TSSU superseded by HSDU in stores block which delivers by "external" trolley service to department's sterile goods store; trays and packs for each theatre's needs carried by "internal" trolley service as in MK 1.
3. Reinstatement of separate disposal corridor, having own trolley-clean and exit to street, also allows direct access by engineers for regular maintenance etc.
4. Infection control aided by staff changing facilities (much better than MK 1) and demarkation of "inner" and "outer" zones – recovery area may be "intermediate".
5. Patient normally brought from ward on own bed, which after cleansing can receive him/her direct from operating table to minimise handling, then return to ward (or ITU) via recovery.

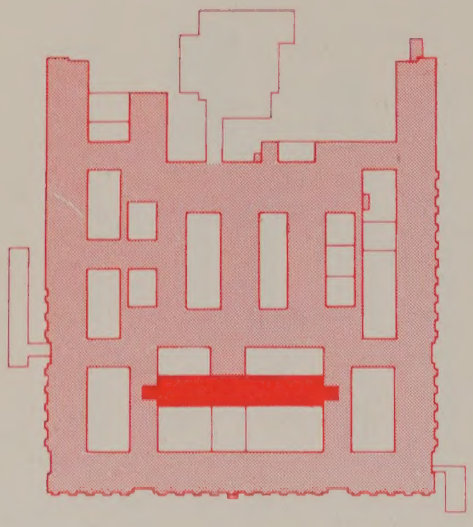
EVALUATIVE COMMENT:
Shuttle service from HSDU demands good organisation; other changes (double corridor and added emergency theatre) not wholly borne out by MK 1 experience. Some specialisation of theatre use already effected by contract variation.

BEST BUY MK 2
First Floor





BEST BUY MK 1
First Floor

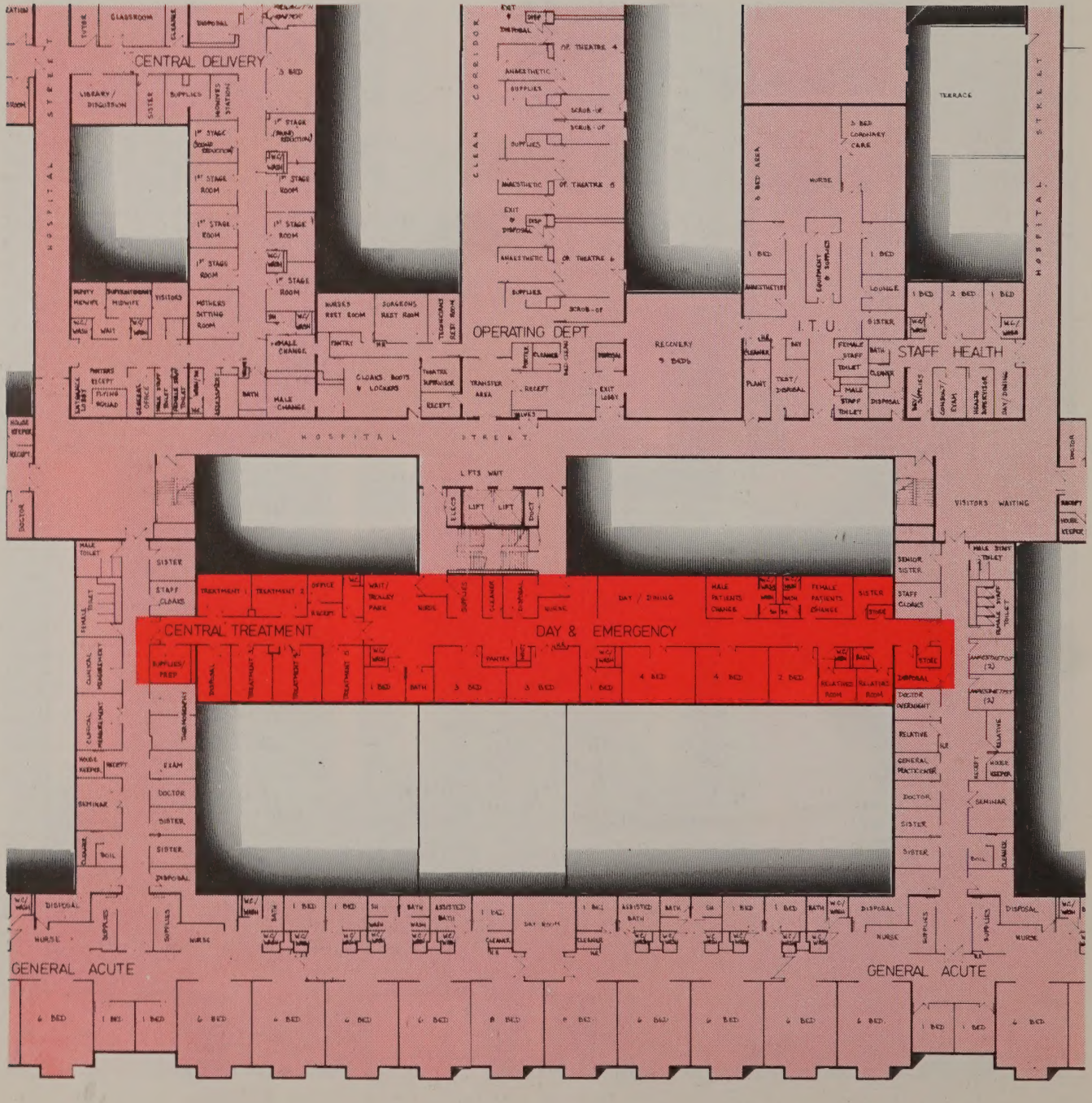


DEPARTMENT: CENTRALISED TREATMENT SUITE
Text applies to MK1 and MK2
AREA:)
SAVING ON DHSS NORM.) **included with Acute Wards**

CONTENT:
5 fully-serviced treatment rooms (one larger for teaching).
Reception/staff base and cloakroom, supply and disposal rooms.

POLICY:
1. An innovation in providing facilities for dressings, investigations and other procedures needed by both in-patients and outpatients, with timed pre-booking for optimum use.
2. Suite replaces the usual treatment rooms in nearly all acute wards from which patients are brought in beds or wheelchairs. Other patients come via adjacent Day and Emergency Unit or direct from outpatient clinics.
3. Each room provides controlled environment, lighting and other facilities for wide range of treatments etc; use by doctors may relieve pressure on operating department as well.
4. Facilities well-suited for nurse training since students' work with their patients can be undisturbed, properly planned and given constant supervision if desired.

EVALUATIVE COMMENT:
Effectiveness in use and staff reactions have been thoroughly analysed in MK 1, supporting retention of the concept in MK 2 (and its adoption for Nucleus). Generally welcomed by both hospitals' staff and patients, with few reservations, but their enthusiasm is slow to be reflected elsewhere.



DEPARTMENT: DAY AND EMERGENCY UNIT
Text applies to MK1 and MK2
AREA:)
SAVING ON DHSS NORM.) **included with OPD**

CONTENT:

10 beds in bays (2 x 4 beds, 1 x 2 beds).
2 single rooms (which can double for relatives' overnight stay)
12 nominal total for day patients.
8 beds (2 x 3 bed bays and 2 singles) for emergency admissions.
20 Total – usable wholly for emergencies if needed.

Usual toilet etc. facilities, plus changing rooms and large sitting-space for day patients. Staff base with supply and disposal, office, pantry with hoist link.

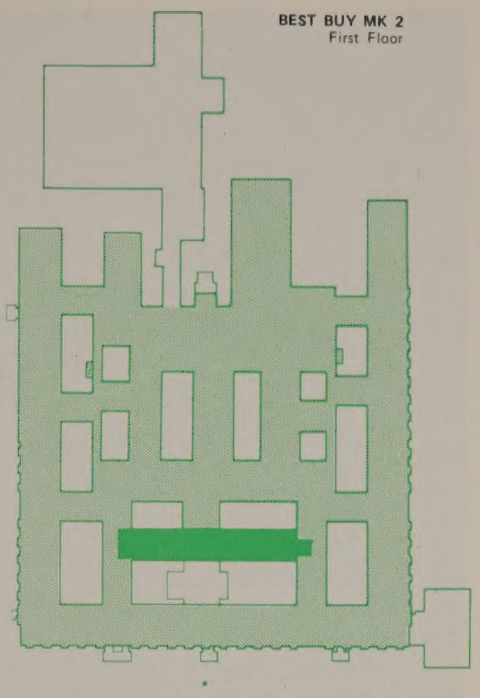
POLICY:

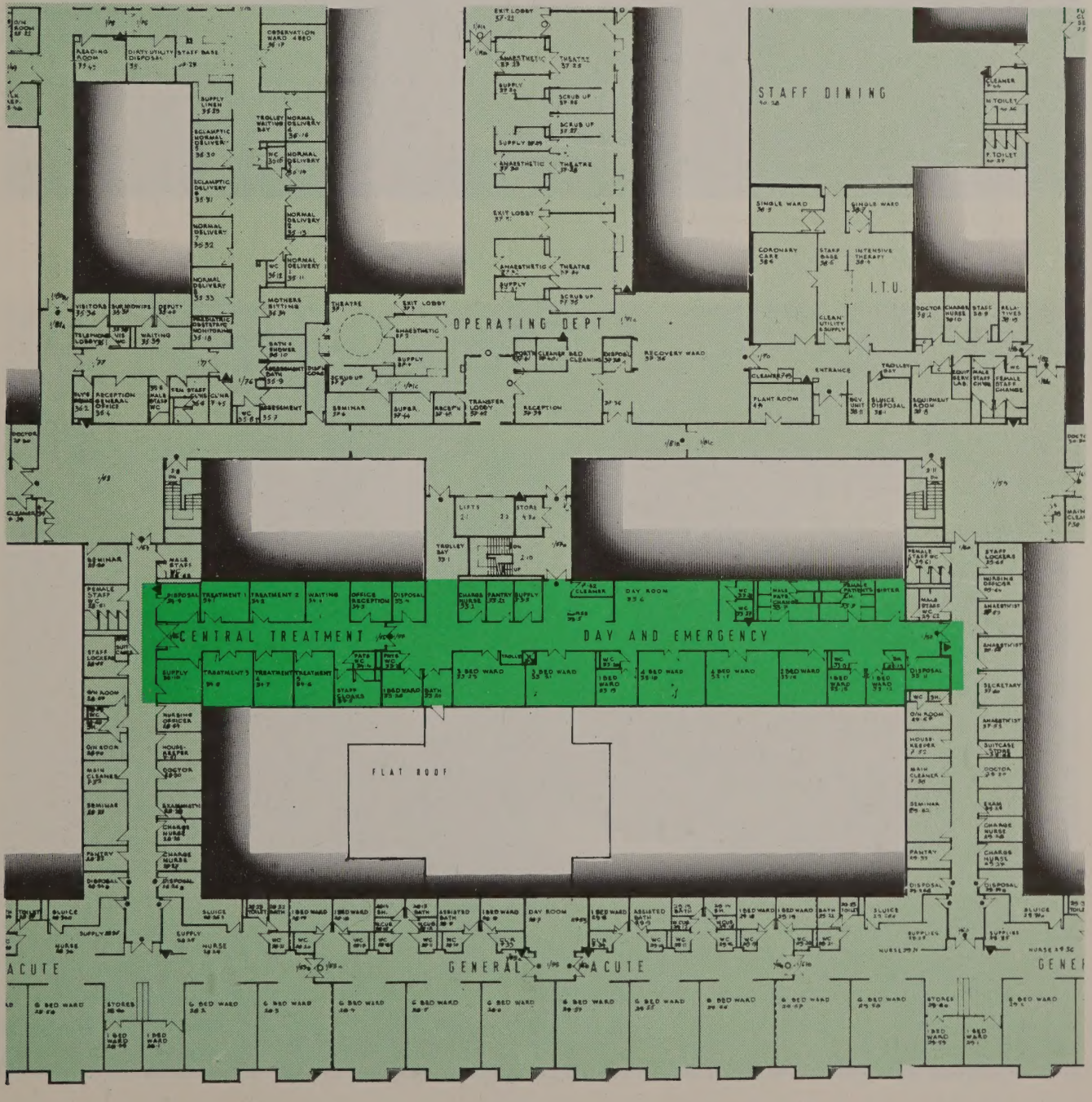
1. A novel attempt at multi-use for greater flexibility, taking patients from various sources for stays of generally less than 24 hrs. Part of unit can be closed down at night.
2. Day patients get ready here for booked procedures to be undertaken in central treatment suite (adjacent) or operating theatre (nearby); then they return to unit for period of recovery, discharge or – occasionally – transfer to in-patient bed.
3. Emergency admissions may come from A and E department at any time for operative etc. treatment, for observation, or to avoid disturbing wards overnight.
4. Frequency of turnover demands special attention to linen-changing and control of infection procedures; also ad hoc catering arrangements.
5. Unit can be managed and staffed jointly with Central Treatment or A and E Department.

EVALUATIVE COMMENT:

Generally accepted as convenient means of supplementing other facilities in various ways and of relieving pressure on in-patient beds; not yet tested in a real "major incident" situation.

BEST BUY MK 2
First Floor





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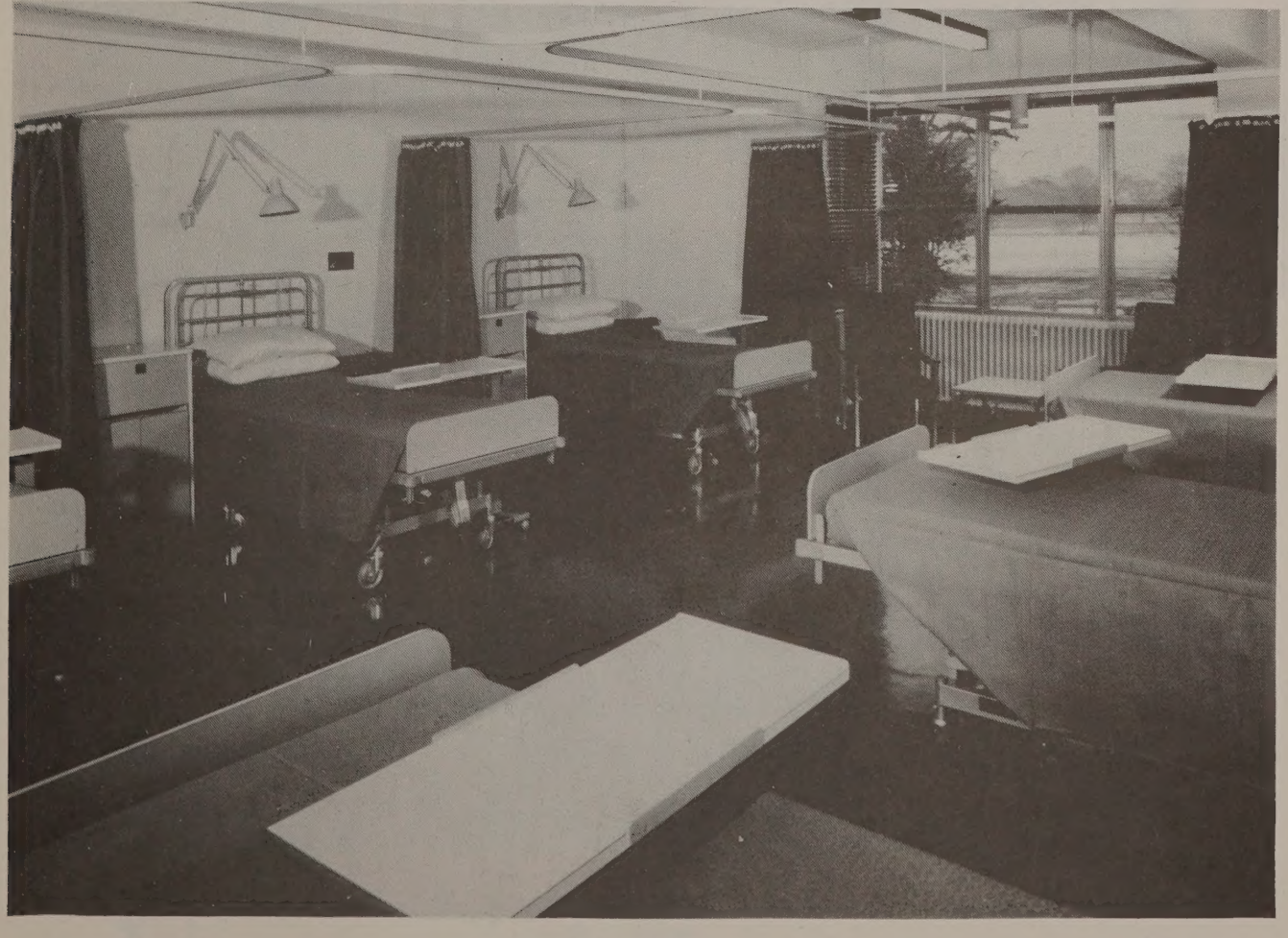
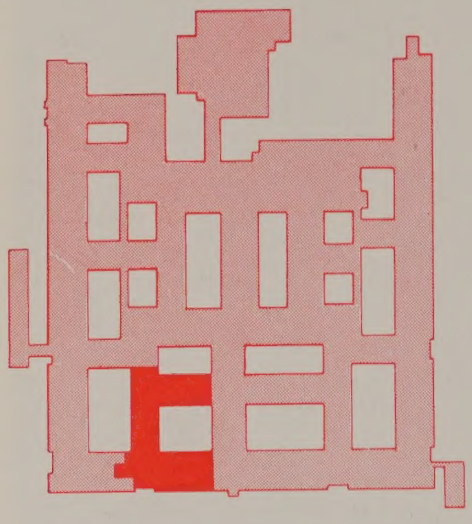
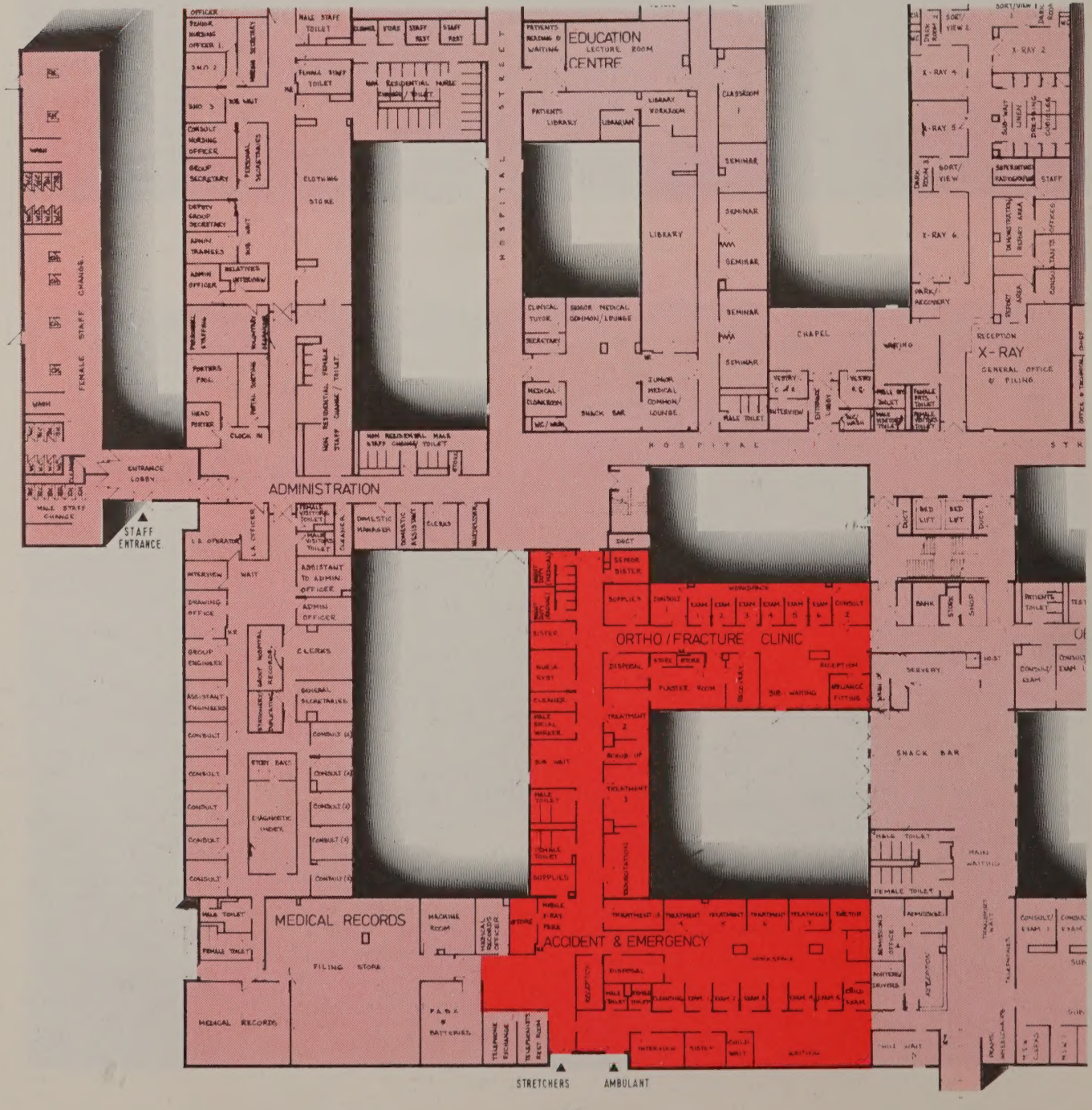


BEST BUY MK 1
Ground Floor





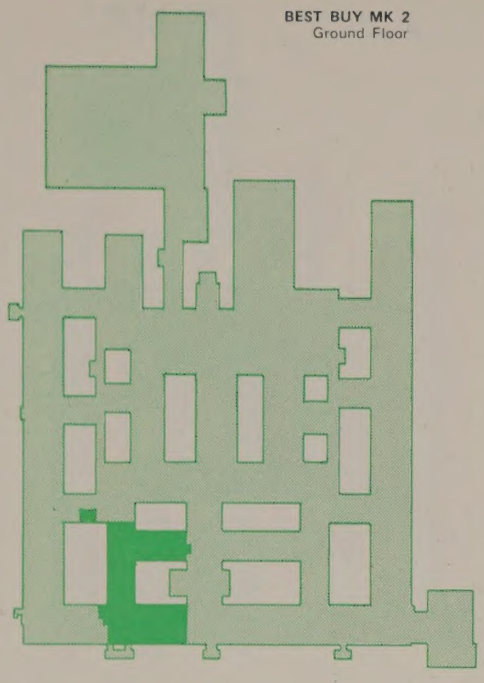
DEPARTMENT: ACCIDENT AND EMERGENCY WITH ORTHO/FRACTURE CLINIC
Text applies to MK1 and MK2

AREA:	**MK 1 974 sq. metres**	**MK 2 1239 sq. metres**
SAVING ON DHSS NORM.	**4.7% (1964 BN)**	**13.4% (1969 BN)**

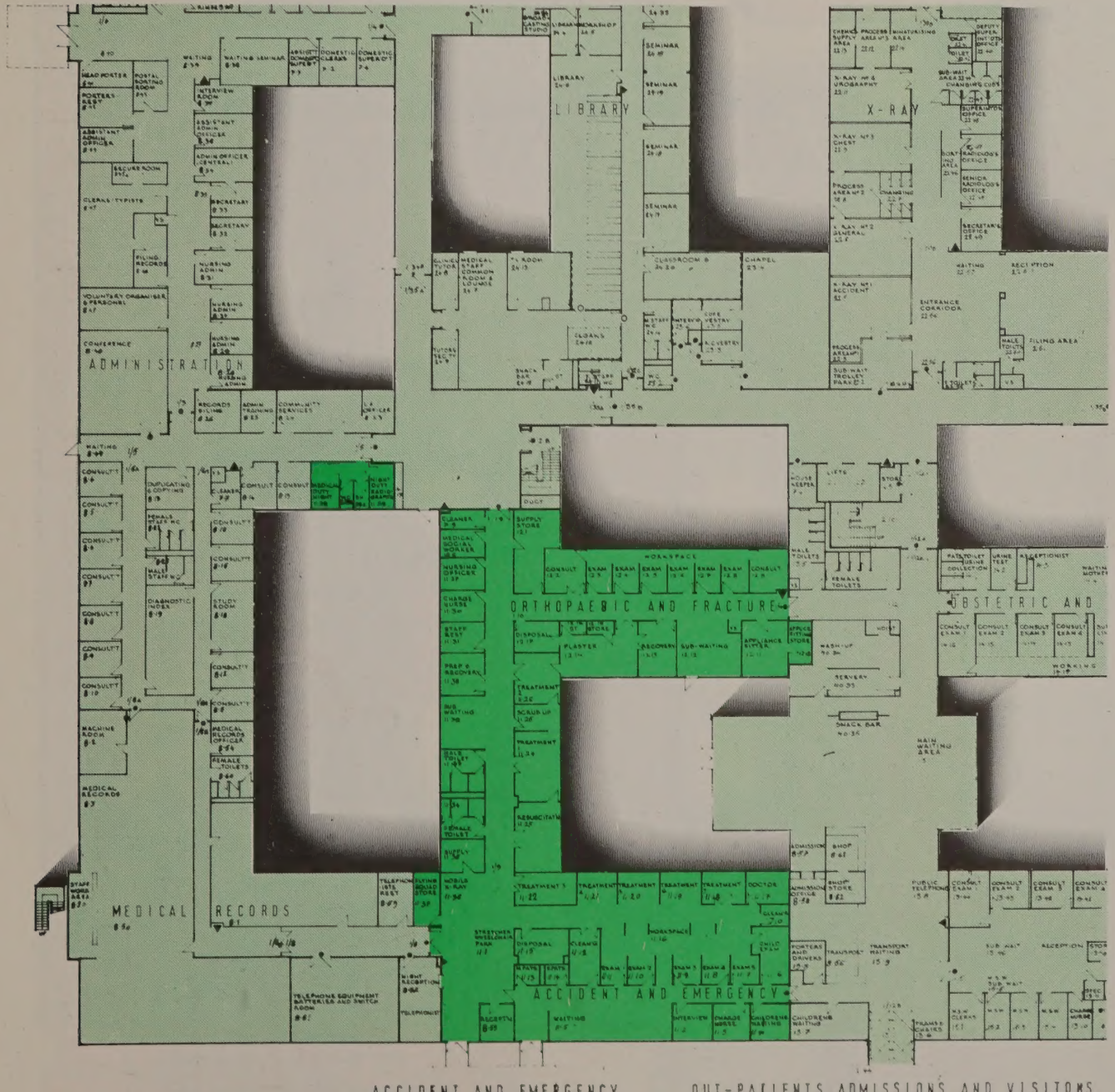
CONTENT:
Resuscitation room, 2 special treatment rooms and scrub-up en suite.
5 other treatment rooms (2 enclosed, 3 with side-curtains).
Twin entrances (stretchers and others) with reception/records.
5 adult cubicles by curtaining off general area.
Child exam cubicle segregated from general area.
Wait-spaces for adults with cleansing room; child-wait separate.
Interview room, offices, staff rest/cloaks and overnight rooms.
Stores (incl. "flying squad"); disposal/clinitest with WCs.
Ortho/Fracture – plaster and recovery rooms (shared with A and E).
2 consult rooms en suite with 6 exam cubicles.
Reception/wait-space, appliance fitting room, supply and disposal.

POLICY:
1. To cope with every kind of accident and emergency situation – major or minor – single or multiple – within district (population 175–190,000) which demands hospital services; treatment may be given either in the department or by transfer to more specialised facilities.
2. Stretcher cases brought straight into resuscitation and/or its linked treatment rooms – effectively minor theatres. More intensive care involves referral via lifts to day/emergency and operating departments (NB. vital role also in "Major Incident" procedures).
3. Mobile X-ray machine available within resuscitation area but main X-ray department is nearby with accident room nearest to entrance.
4. Walking cases examined in cubicles and open workspace, then suitably treated or given OP appointments.
5. Ortho/fracture clinic operates mainly by appointment but also takes referrals from OPD and rehabilitation. Appliances for fitting can be made in Works department or outside.
6. A and E Reception manned 24 hours – only entrance to main building at night. Telephone switchboard is adjacent.

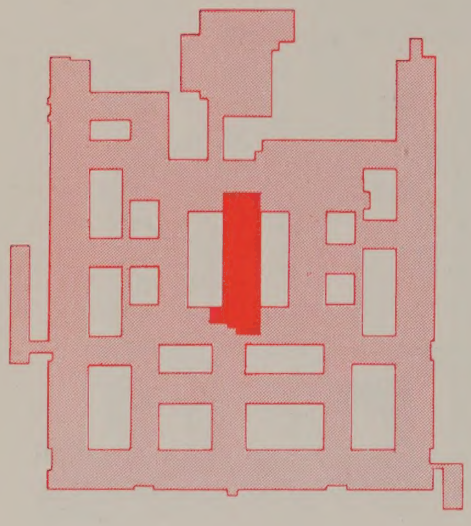
EVALUATIVE COMMENT:
MK 1 demand not up to expected level, even though in Frimley's case there is population explosion plus adjacent motorway. (This applies mainly to A and E, since fracture clinic gets crowded at times). Despite criticisms of detail the layout and functions seem effective MK 2 involved various design improvements but no fundamental changes of policy.



BEST BUY MK 2
Ground Floor



BEST BUY MK 1
Ground Floor



DEPARTMENT: DIAGNOSTIC X-RAY
AREA: 795 sq. metres.
SAVING ON DHSS NORM. (1968 BN): 2.8%

CONTENT:

1 Accident room.
1 Special procedures/"clean" screening.
1 "unclean" screening.
3 other purposes, including mammography and dental.
6 Total examination rooms (with 3 dark rooms/sorting areas).

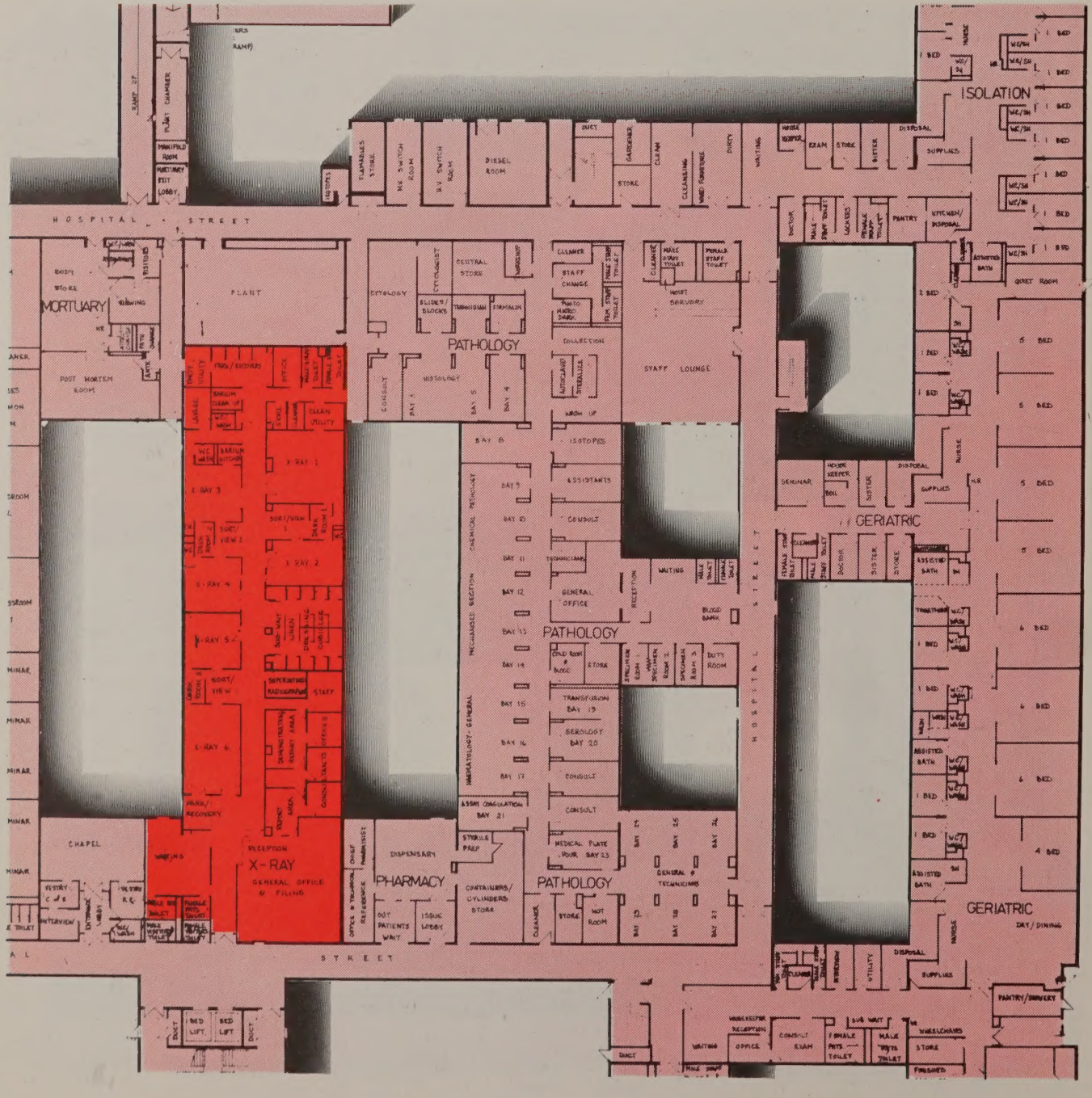
16 changing cubicles in central group.
3 cubicles, barium preparation, recovery bay etc. for unclean screening.
Waiting area, reception counter and records store.
Consultants' offices with view/report area.
Other offices, toilets, utility rooms and stores (No staff changing).

POLICY:

1. To provide full district service for population of 170,000 or so, including GP referrals and major accidents; routine OP examinations on demand, others by appointment.
2. To give in-patient examinations within the Department, or elsewhere by use of the several mobile machines; also to process films taken by dental consultants and in operating theatres.
3. Facilities for instant reporting enable most patients to receive diagnosis (or re-examination) at a single visit.
4.)
5.) As for MK 2

EVALUATIVE COMMENT:

Minor criticisms of space (eg for records) and room layout, also lack of staff-changing in situ, but overall appreciation of the department's capabilities – particularly at Frimley with fast-growing workload.



DEPARTMENT: DIAGNOSTIC X-RAY
AREA: 1102 sq. metres
SAVING ON DHSS NORM. (1973 guidance); 5.8%

CONTENT:

1 Accident room, with own process area and sub-wait.
1 Special procedures, with 3 cubicles and recovery) en suite with own
1 "unclean" screening, with 3 cubicles and lavage) process area.
5 other purposes, including mammography/dental.
8 Total X-ray rooms (with 4 daylight processing areas).
1 room for ultra-sonics, with sub-wait and changing cubicle.
2 x 6 further cubicles, also patients' rest-room.
Main wait, reception counter and records store.
Consultants' offices with view/report area, also seminar etc. room.
Other offices, toilets, stores, staff lounge (shared changing rooms beside rear entrance from hospital street).

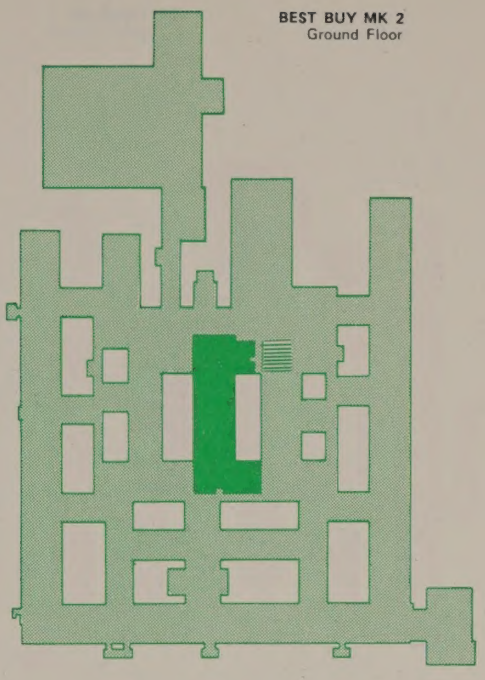
POLICY:

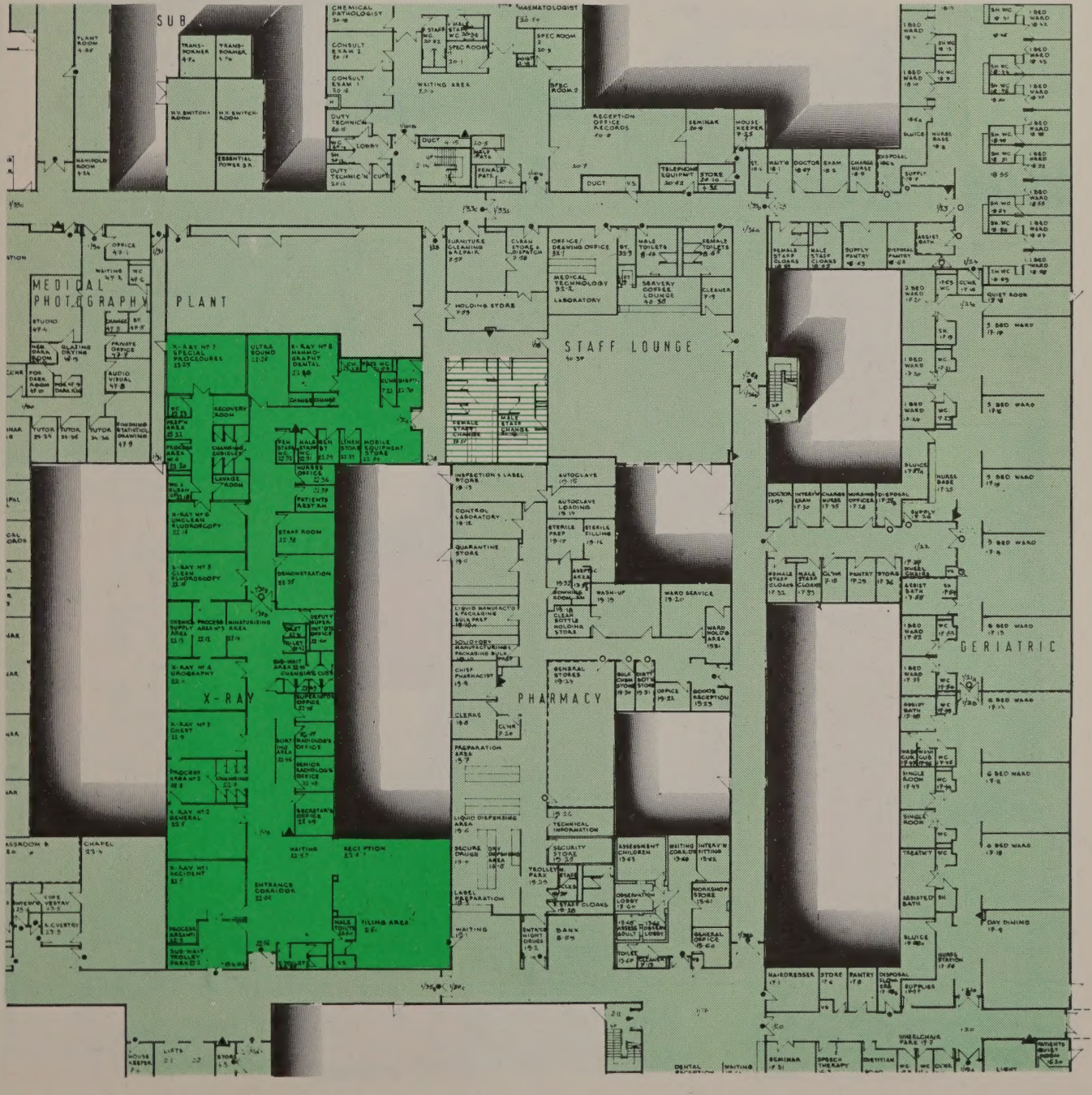
1. To provide full district service for 200,000 population, including GP referrals and major accidents; routine OP examinations on demand, others by appointment.
2.)
3.) As for MK 1
4. To meet all statutory requirements as regards radiological protection, statistics, retention of records, etc.
5. Liaison as necessary with A and E Department nearby on casualty handling; and with Day and Emergency Unit on temporary admissions for whatever purpose.

EVALUATIVE COMMENT:

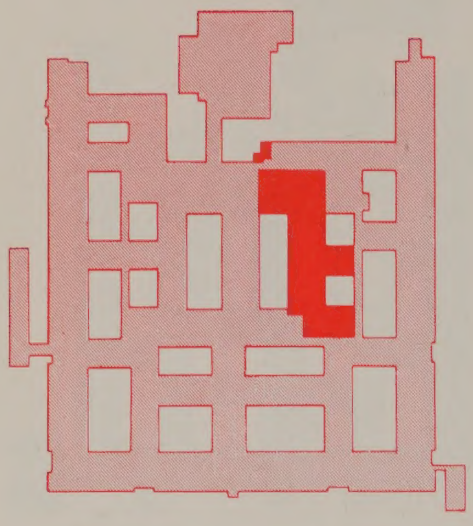
Larger department to serve ever-advancing techniques as well as growing demand; "local" staff changing now included; function should be comparable with MK 1.

BEST BUY MK 2
Ground Floor





BEST BUY MK 1
Ground Floor



DEPARTMENT: PATHOLOGY
AREA: 1161 sq. metres
SAVING ON DHSS NORM. N/A (original guidance being completely reviewed)

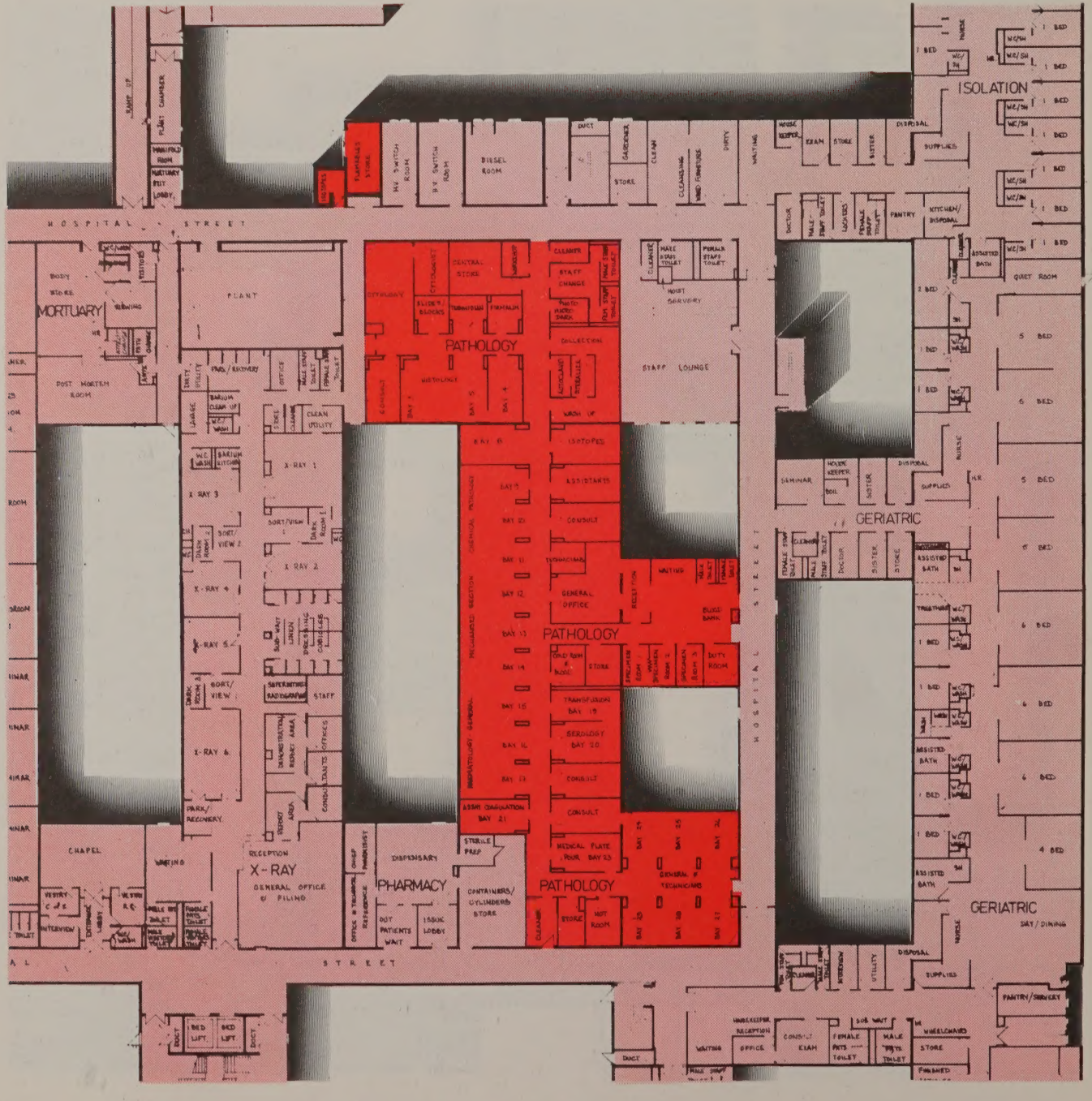
CONTENT:

8	LSU's (approx)	for	Morbid Anatomy
8½	"	"	Haematology (incl. blood bank).
8	"	"	Chem. Pathology (incl. Isotopes).
8½	"	"	Microbiology
5½	"	"	Patients' reception, records and specimen taking.
3½	"	"	Staff rooms (rest room not included).
6	"	"	Stores, processing and wash-up.
48	Total "Laboratory Space Units".		

Isotope store/dispensary just outside rear of department.
External storage for gases and flammables; No animal house.

POLICY:
1. To provide full district service for 175,000 population (including referrals from GPs, LA clinics and health centres) with standby emergency service outside normal working hours.
2. To meet demands for blood from any user by day or night, crossmatched as fully as time permits.
3. Very limited facilities for using radio-isotopes. Must look to area/sub-regional laboratory for more specialised services, in this and other respects.
4. Specimen collecting undertaken within department, wards or elsewhere as necessary; special procedures by arrangement in "clinical investigation" unit (isotopes) or central treatment suite.
5. NB observance of safety requirements, maintenance of proper records and production of statistics.

EVALUATIVE COMMENT:
Location, layout and function generally OK, but wash-up and staff changing facilities inadequate; ventilation needs improving; and drainage presents frequent problems.



DEPARTMENT: PATHOLOGY AND RADIO-ISOTOPES
AREA: 2279 sq. metres
SAVING ON DHSS NORM. (1973 BN): 1.3%

CONTENT:

9	LSU's (approx)	for	Morbid Anatomy
10½	"	"	Haematology
10½	"	"	Chem. Pathology
9	"	"	Microbiology
9	"	"	Patients' reception, records and consultation/examination.
6	"	"	Staff change, WCs and seminar
14	"	"	Stores, processing and wash-up
68	Total	"Laboratory Space Units"	

"Sub-regional radio-isotope centre" (conforming closely to 1973 Design Guide).
External flammables store; No animal house.

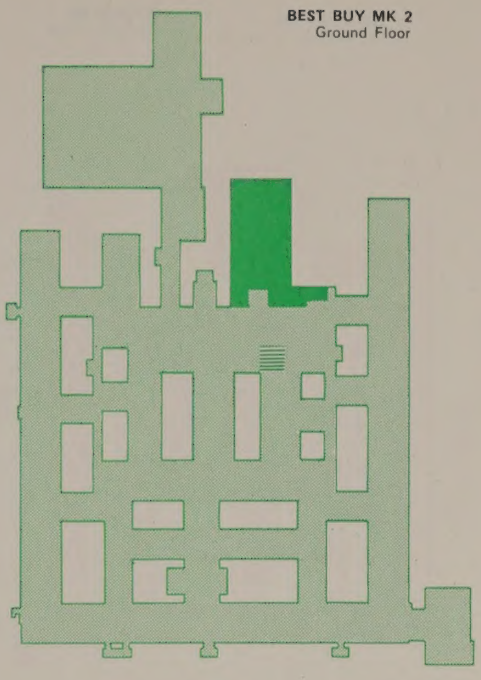
POLICY:

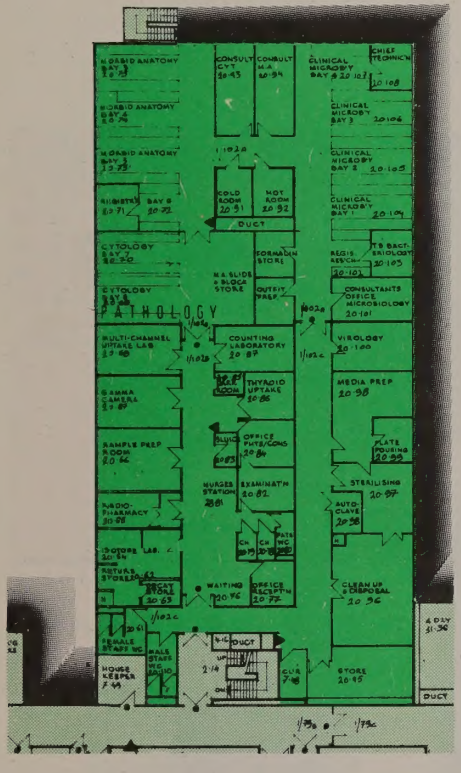
1. To provide area laboratory services (excluding PHLS) for up to 200,000 population, taking referrals from GPs, clinics and health centres, with standby arrangements outside normal hours.
2. As for MK 1.
3. Much fuller radio-isotope provision (and precautions) than MK 1, reflecting later guidance.
4. Specimen collecting and special procedures mainly within department but may on occasion be done elsewhere.
5. As for MK 1.

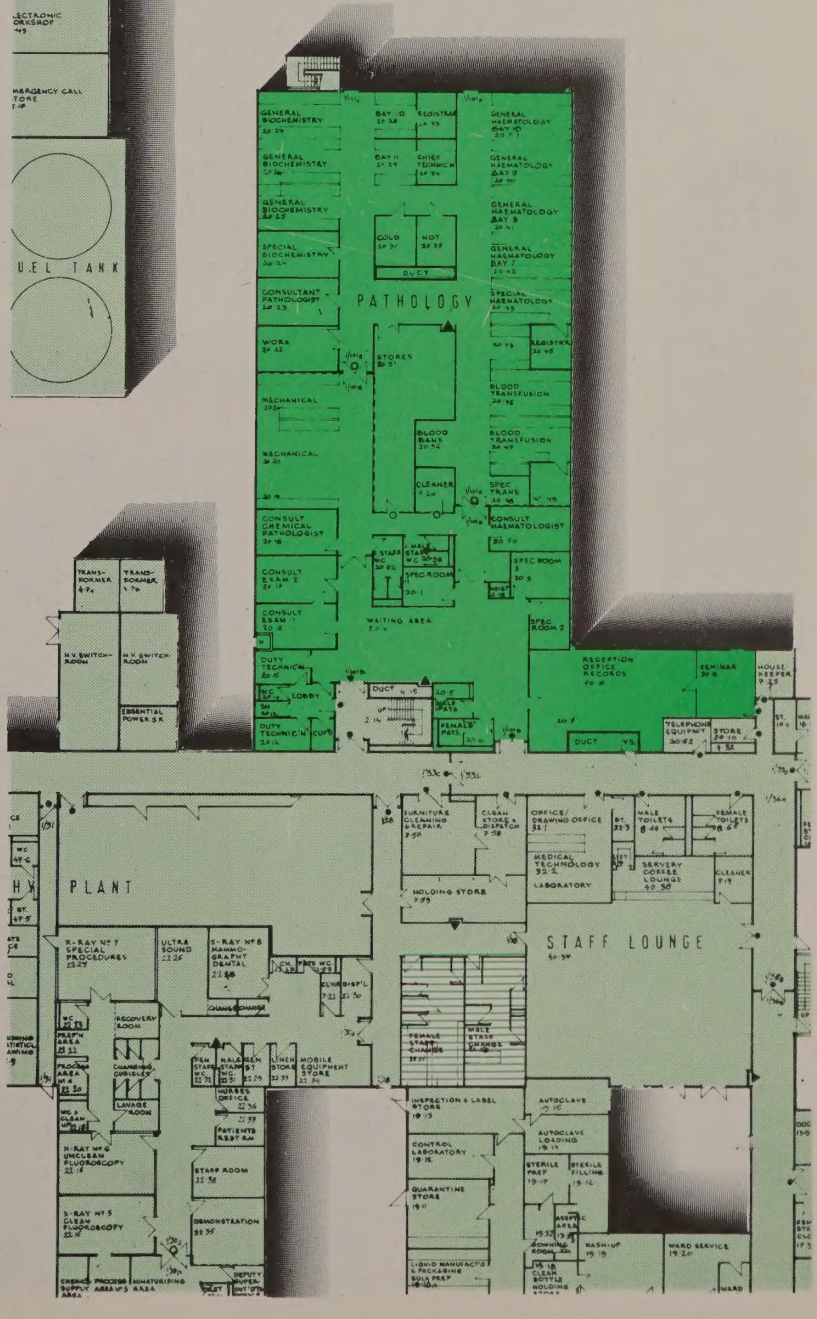
EVALUATIVE COMMENT:

Removal of this department to a peripheral, open-ended location eased planning constraints and enabled RHB to follow revised BN guidance closely. Variations arising from Howie report now in course of implementation.

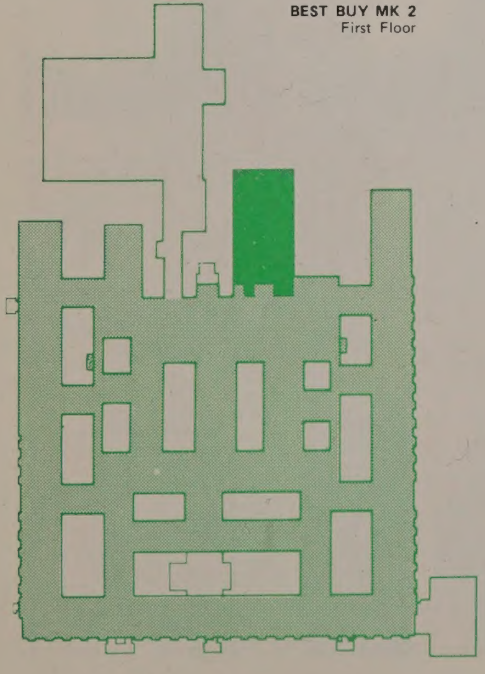
BEST BUY MK 2
Ground Floor



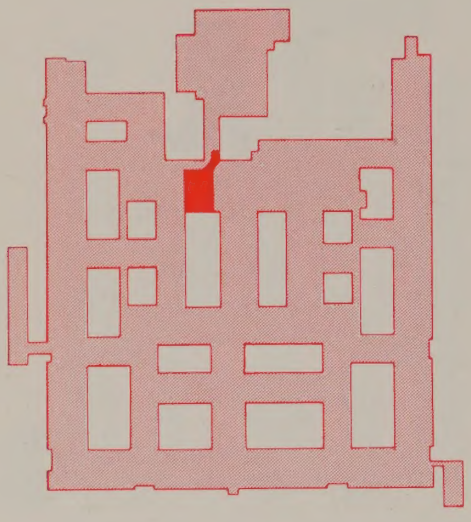




BEST BUY MK 2
First Floor



BEST BUY MK 1
Ground Floor

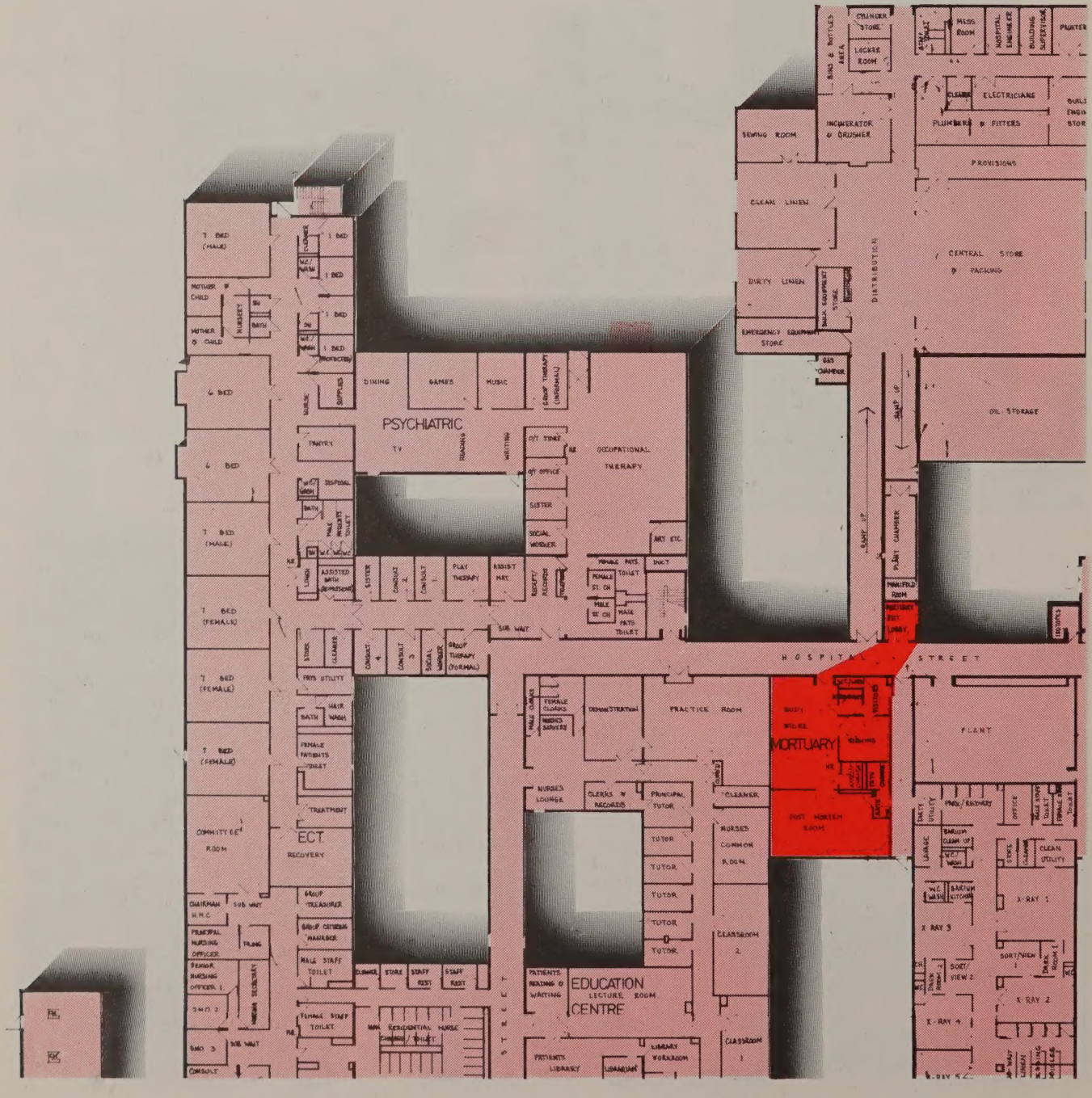


DEPARTMENT: MORTUARY
AREA: 164 sq. metres
SAVING ON DHSS NORM. (1966 BN): 41%

CONTENT:
27 — place refrigerated body store.
3 post-mortem tables with full facilities.
Viewing chapel plus wait-room for relatives.
Attendant's/technician's changing area and office.
Pathologist's changing area; no teaching space.

POLICY:
1. To meet hospital's needs, also those of LA by arrangement; bodies brought from wards by trolley via ramp, and from outside through lobby just across rear street designed for discreet attendance by hearses.
2. Post-mortems (for coroner or other purposes) by pathologist with technician's support; simultaneous reporting through suspended microphone.
3. Viewing: body laid out by attendant and chapel arranged to suit denomination; relatives accompanied by ward nurse and/or minister of religion.
4. NB special requirements for infection control, registration, custody of valuables, liaison with undertakers.
5. Photographs (if needed) by arrangement with photomicrography unit in pathology department nearby.

EVALUATIVE COMMENT:
Location presents a few problems of privacy and security; despite some tightness of space the facilities are generally satisfactory in use.



DEPARTMENT: MORTUARY | **MEDICAL PHOTOGRAPHY**
AREAS: 327 sq. metres | **173 sq. metres**
SAVING ON DHSS NORM. (1972 BN): 4.9% | **(1965 BN): 23.6% excess**

BEST BUY MK 2
Ground Floor

CONTENT:

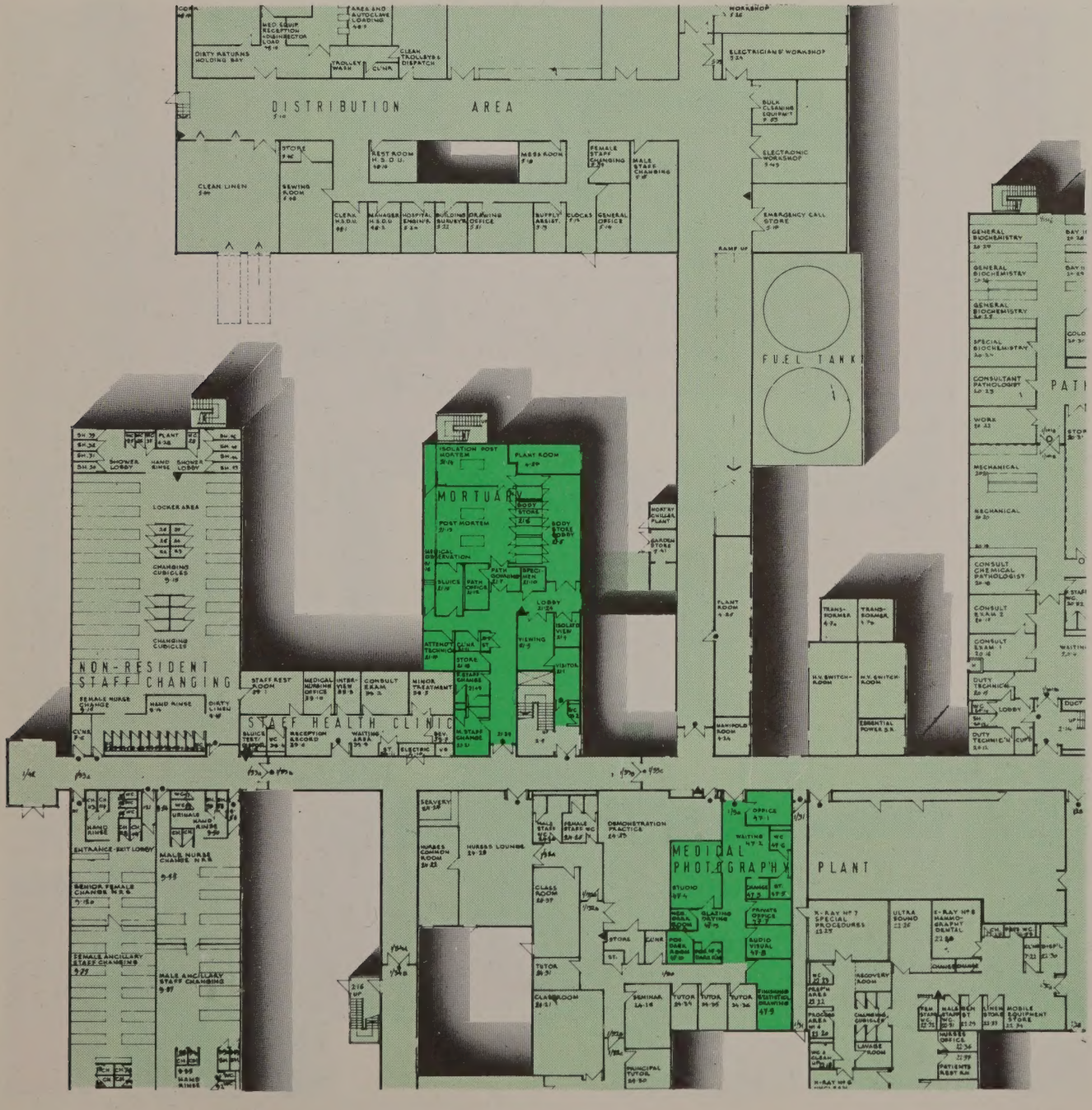
MORTUARY: 36 – place (incl. 4 isolation) body store, access either side.
3 post-mortem tables (incl. 1 isolation) and sluice room, with medical observation gallery alongside.
Viewing chapels (1 standard, 1 isolation) plus relatives' wait-room.
Offices, staff rooms, and various stores.
MEDICAL PHOTOGRAPHY: Clerk/records office, patients' reception.
Studio with several dark rooms and film storage.
Other rooms provisionally labelled "office", "audio-visual aids" and "finishing/illustration"

POLICY:

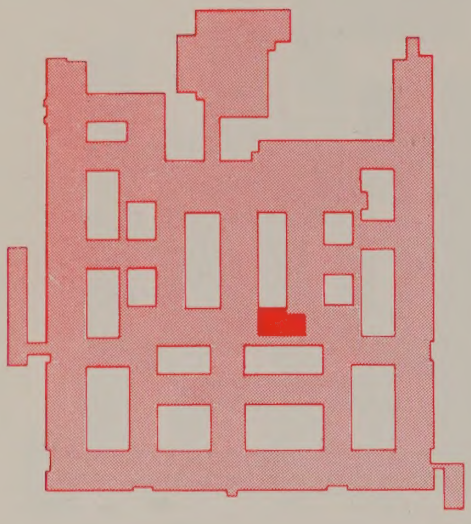
1. To meet hospital's needs for body storage and examination, also those of LA by arrangement; bodies brought from wards by trolley via ramp, and from outside through the lobby to screened hearse bay.
2.)
3.) As for MK 1
4.)
5. Photography – unit capable of being developed to meet whatever needs may arise throughout hospital; liaison with Education Centre is facilitated by through corridor, other departments nearby.

EVALUATIVE COMMENT:

Mortuary needed extra space and redesign to meet more advanced user requirements (eg for isolation), therefore was moved from "core" to peripheral location. Medical photography then added, taking over vacated area – rather too generous but maybe also capable of relieving Education Centre.



BEST BUY MK 1
Ground Floor

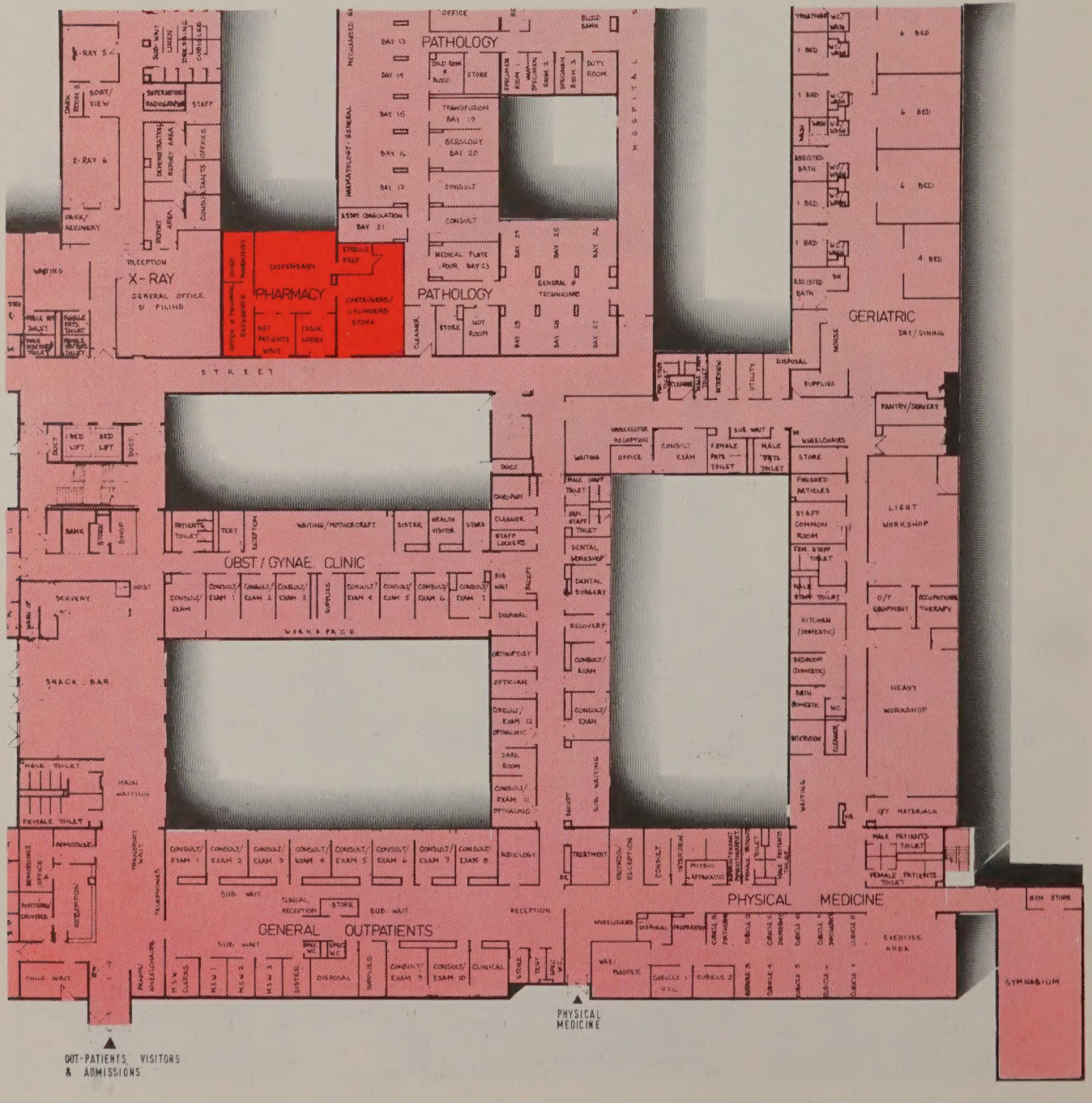


DEPARTMENT: PHARMACY
AREA: 161 sq. metres
SAVING ON DHSS NORM. N/A (not strictly applicable)

CONTENT:
Dispensary fitted with worktops and lockable storage cupboards.
Sterile preparation room (small) with autoclave.
General store for daily deliveries and empties.
(Separate flammables store at rear of hospital).
Issue lobby for ward service boxes.
Outpatients' waiting area.
Offices for pharmacist and clerk/records/references.

POLICY:
1. To provide limited facilities convenient to OPD for day-to-day dispensing of prescriptions and ward issues, supported by larger-scale manufacture and storage areas elsewhere – mainly offsited (certain differences between Bury and Frimley).
2. Pharmacists' responsibility covers counselling, ordering and proper use of drugs throughout hospital (possibly at other "satellite" clinics as well).
3. Safeguarding of dangerous/addictive drugs must also be applicable throughout hospital, with secure storage and theft alarms, registers for signature etc – particularly at night.
4. Ward stocks maintained by means of regular topping-up and/or requisitioning, loading and porterage of labelled boxes.
5. Outpatient prescriptions – payment etc according to customary routines.

EVALUATIVE COMMENTS:
Space allocation and facilities too limited and offsiting of support functions unwelcome – pharmacist barely able to give proper service. Department not close enough to OPD for patients' convenience, nor to outside goods reception for storekeeping efficiency; but ward supply arrangements do seem acceptable.



DEPARTMENT: PHARMACY
AREA: 779 sq. metres
SAVING ON DHSS NORM. (1973 BN) 2.6%

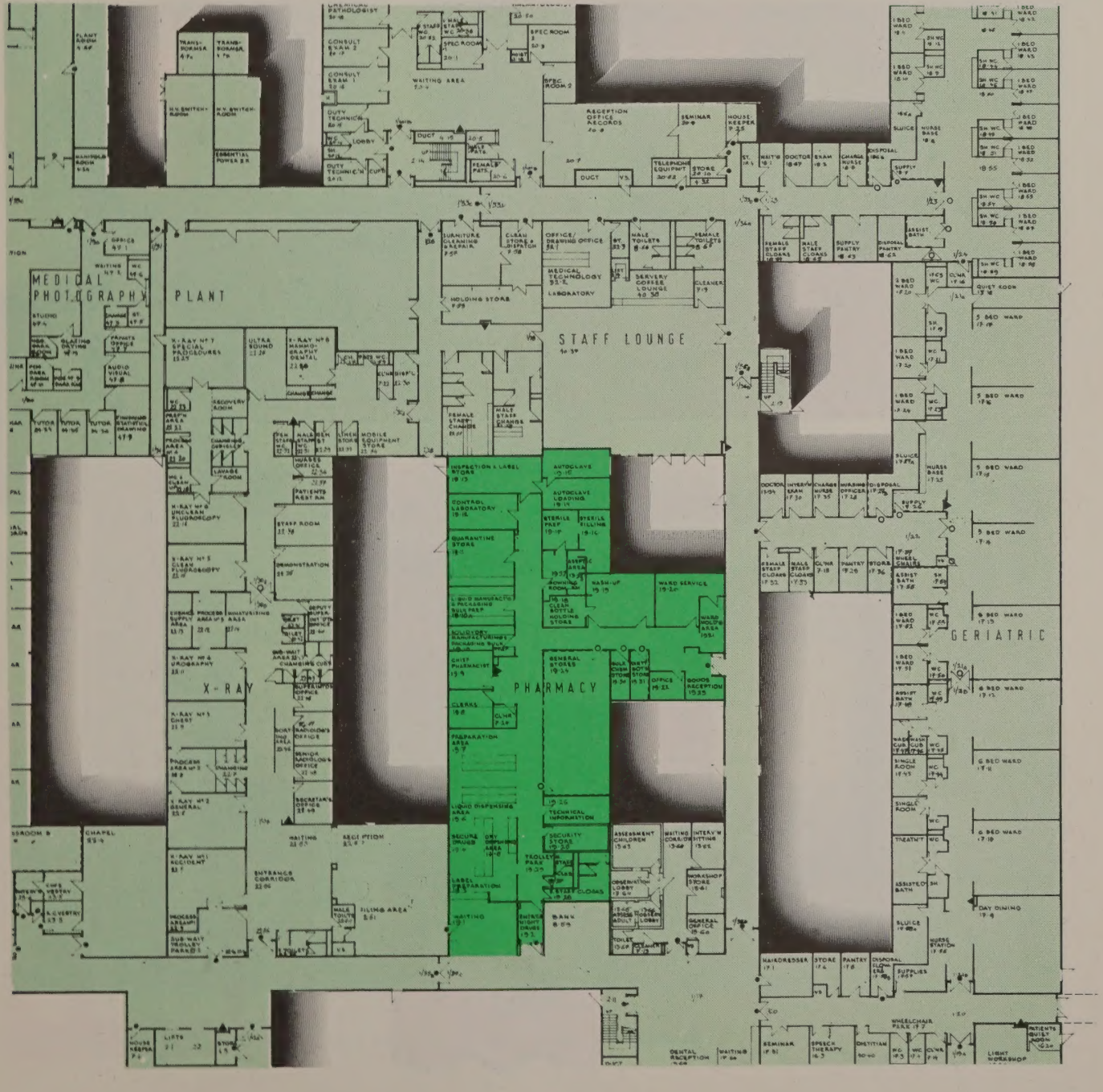
CONTENT:
Dispensary with counter link to outpatients' wait space.
Main and subsidiary stores (including secure room) plus receiving bay. (Separate flammables store at rear of hospital).
Ward service area with "parking" for boxes.
Wash-up and clean bottle store.
Gowning lobby to aseptic and sterile preparation rooms.
Autoclaves with separate loading area.
Control laboratory, inspect/label and quarantine stores.
Bulk preparation bays for liquids and solids.
Offices for pharmacist and clerks, seminar/library, staff cloaks.

POLICY:
1. To provide comprehensive sub-area service, including topical fluids, bulk manufacture, break-down and storage in situ; but avoiding overlap with HSDU's functions.
2. Chief Pharmacist responsible for advice to the Health Authority (policy) and medical/nursing staff; for statutory records and returns; staff management/training; stock levels and quality control generally.
3. Department's extensive functions demand close attention to security, with locks/grilles/alarms throughout, and suitable provision at entrance to meet emergency (night-time) demands; also special fire precautions.
4.)
5.) As for MK 1.

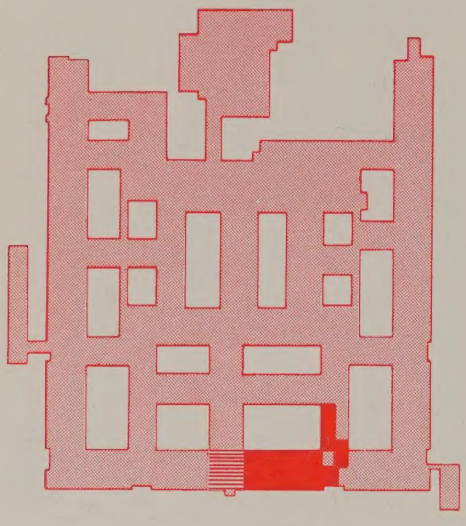
EVALUATIVE COMMENT:
Department still located mid-way between OPD and stores block, with prospect of MK1 user criticism being repeated; otherwise so different in size and functions as to make comparison impossible.

NB direct involvement of Medicines Inspectorate in planning.

BEST BUY MK 2
Ground Floor



BEST BUY MK 1
Ground Floor



DEPARTMENT: MAIN OUTPATIENTS (Incl. Eyes) and "Clinical Investigation"
AREA: 1292 sq. metres (to bring in Day and Emergency Unit)
SAVING ON DHSS NORM. (1963 BN) 28.3%

CONTENT:

8 Standard consult/exam rooms capable of various groupings.
2 " " " " linked with clinical room.
2 " " " " linked with dark room plus rooms for optician and orthoptist.

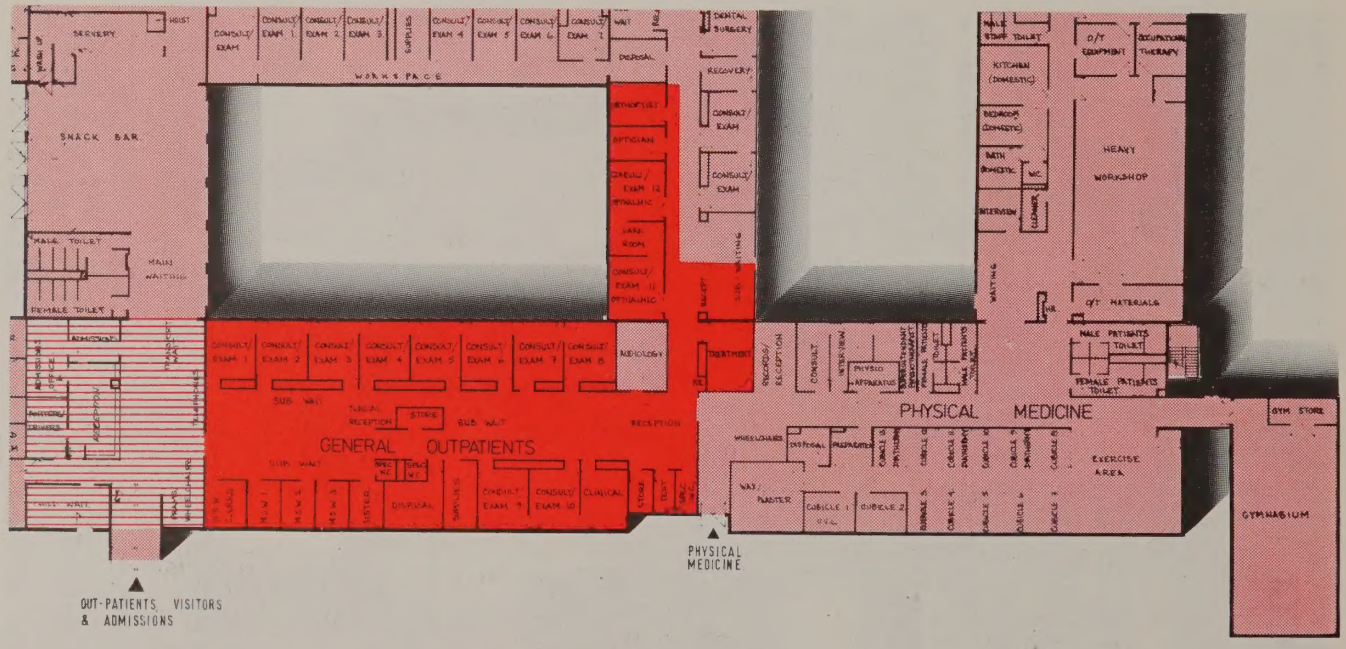
Treatment room, specimen WCs and test room.
2 sub-wait areas with staff bases (main reception in concourse).
Offices for 3 Medical Social Workers and clerk/records.
Sister's office, stores and disposal room, staff rooms.
Clinical Investigation – 2 (or 3) rooms on upper floor nearby.

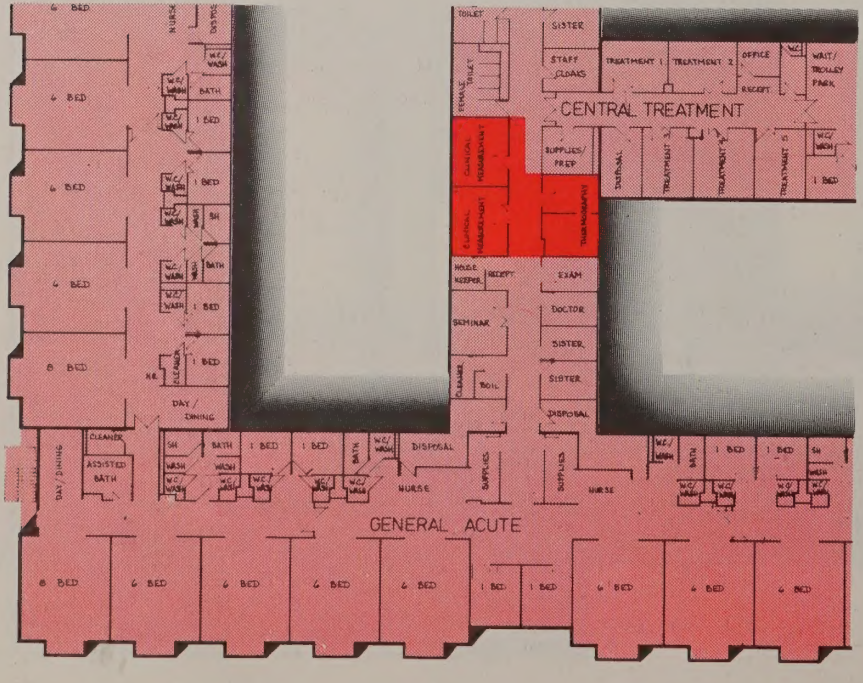
POLICY:

1. To provide outpatient consultative services for the 175,000 population, patients being pre-registered by their GPs for specialist advice, diagnosis and treatment. Some clinics also held at peripheral hospitals.
2.)
3.) As for MK 2
4. As a general rule each patient gets undressed, examined and possibly treated in same room, doctor moving from one room to next as appropriate. This demands efficient systems to ensure medical records, tests etc on attendance.
5. Associated facilities for tests, treatments and so on include X-ray and pathology (normally on demand), physical medicine, central treatment suite (pre-booked) and Clinical Investigation – this unit deals in the main with ECGs but can develop to meet further specialised needs.

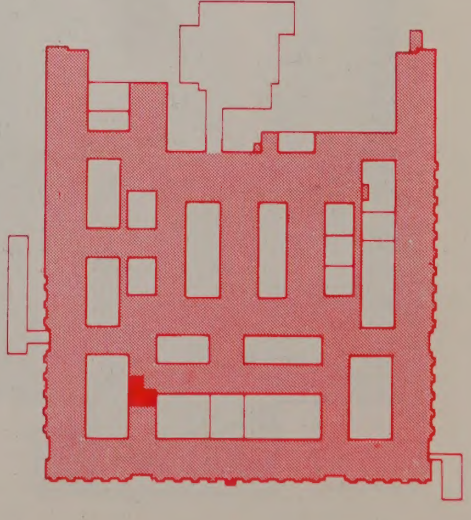
EVALUATIVE COMMENT:

Strong local views about shortfall of clinic accommodation are not wholly borne out by available statistics, especially at Bury, but policy may have failed to allow flexibility (eg for new specialties) and relied too much on programmed optimum use. Criticism also about reception/wait-spaces, layout and soundproofing of consult/exam rooms.



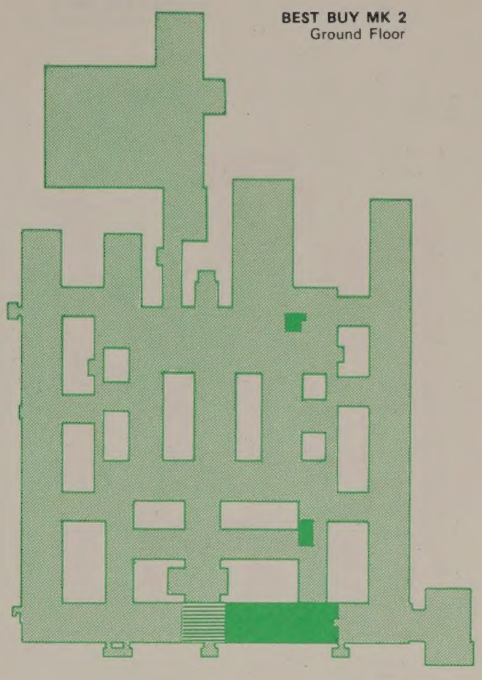


BEST BUY MK 1
First Floor



DEPARTMENT: MAIN OUTPATIENTS (incl Eyes), and "Medical Technology"
AREA: c. 1280 sq. metres (to bring in Day & Emergency Unit).
SAVING ON DHSS NORM. c. 30%

BEST BUY MK 2
Ground Floor



CONTENT:

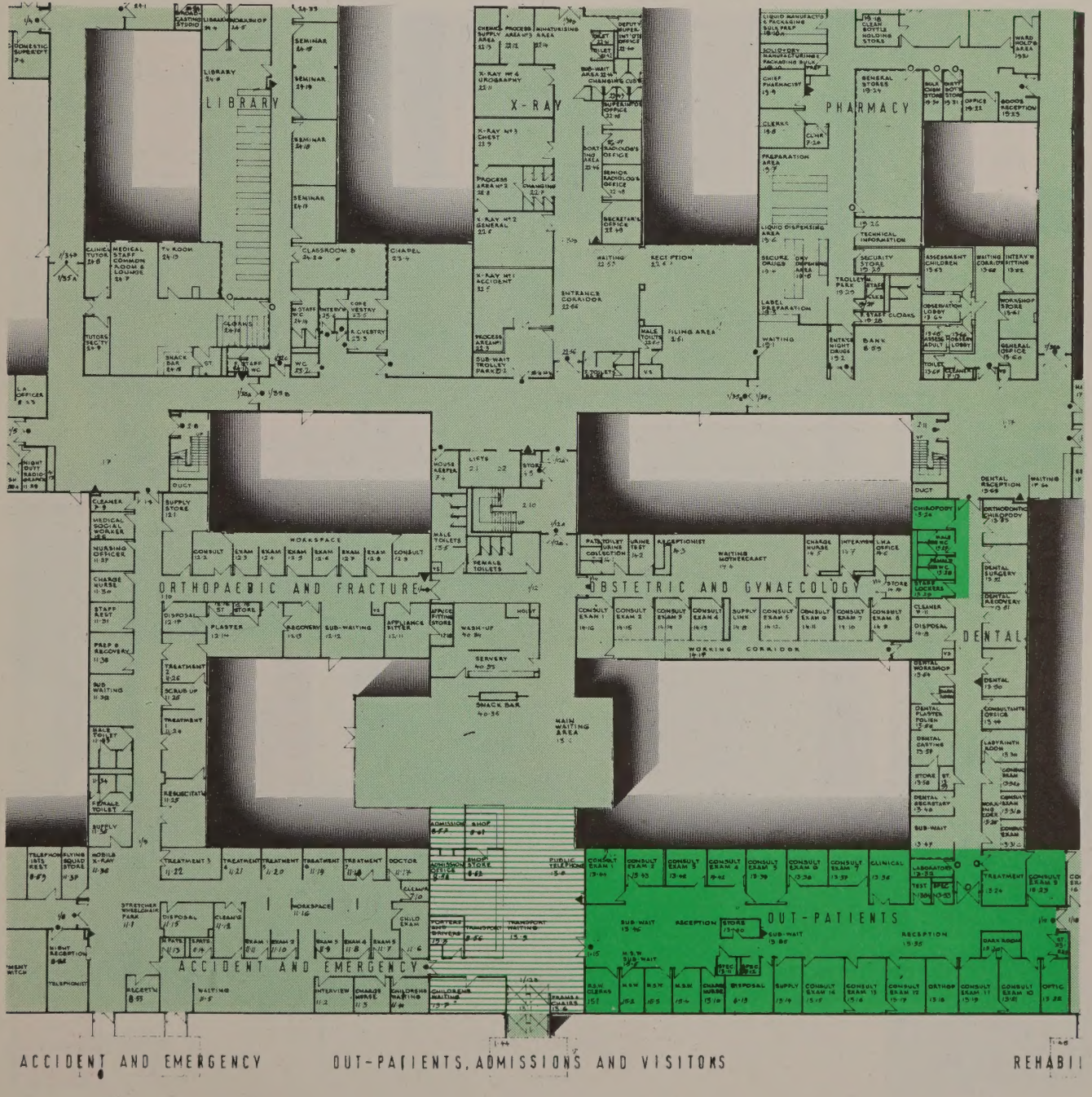
11 consult/exam rooms in various groupings.
2 " " " linked with dark room, also rooms for optician and orthoptist.
Clinical room, laboratory, WC and clinitest, treatment room.
2 sub-wait areas with staff bases (main reception in concourse).
Offices for 3 medical social workers and clerk/records.
Sister's office, stores, disposal/test with WCs, staff rooms.
Medical Technology – office/laboratory area off rear street.

POLICY:

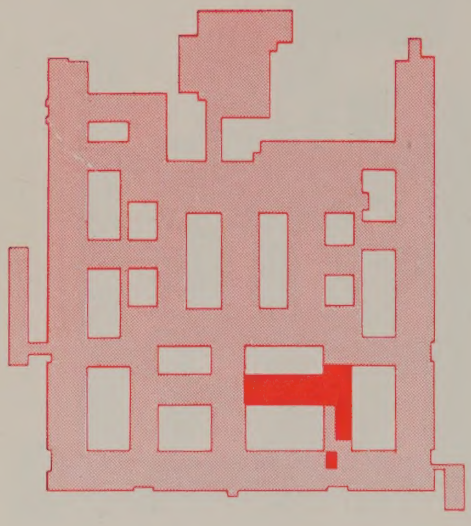
1. To provide outpatient consultative services for the 190,000 population, patients being pre-registered by their GPs for specialist advice, diagnosis and treatment. Some clinics also held at peripheral hospitals.
2. Sessions for general medicine, surgery and the like are arranged according to demand and consultants' availability. Careful programming ensures optimum use of rooms, grouped to suit working methods of different types of clinic. (More specialised ones described overleaf).
3. Appointments made by liaison between sub and main reception – which also covers re-attendance or admission for day-patient/in-patient care and transport needs as well.
4. As for MK 1.
5. Associated facilities for tests, treatments etc include X-ray and pathology (normally on demand), rehabilitation, central treatment suite (pre-booked) and
Medical Technology – this unit can be developed ad lib for purposes of research and investigation.

EVALUATIVE COMMENT:

Certain improvements in layout but policy remains virtually unchanged.



BEST BUY MK 1
Ground Floor

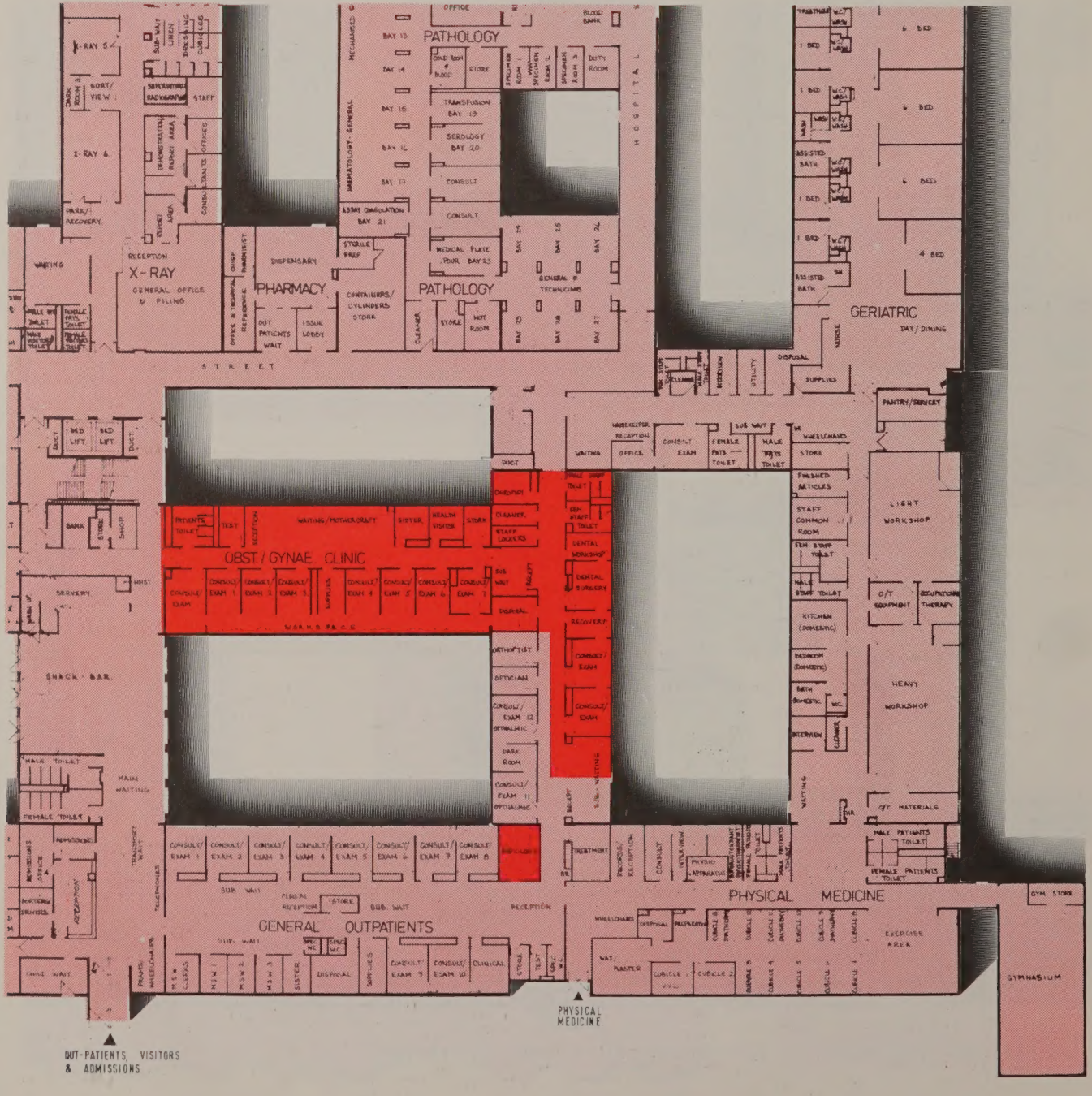


DEPARTMENT: ANTE-NATAL, DENTAL AND ENT/AUDIO CLINICS
AREA: 358 sq. metres.
SAVING ON DHSS NORM. (1961–63 BNs): 54%

CONTENT:
Ante-Natal
8 consult/exam rooms, (one larger than rest) all linked by back corridor with supply and disposal areas.
Reception and large open wait-space (also serves for mothercraft etc).
2 offices and store, WCs and clinitest.
Dental:
Consult/exam room, surgery, recovery room.
Reception and sub-wait, small laboratory.
ENT/Audio
Consult/exam room, reception and sub-wait (shared).
Test room with sound-proofed booth.

POLICY:
1. To provide special clinics complementing those of general OPD; latter may "overlap" into this accommodation as circumstances permit (eg to enable separate female VD clinics).
2. Alternative sessions in ante-natal suite for gynae clinics as well; records for former are maintained in concert with maternity department, for latter in concert with general OPD.
3. Dental X-rays taken either within surgery or in X-ray department; treatment may possibly involve in-patient admission or referral elsewhere.
4. Audio clinics programmed to use ordinary consult/exam facilities together with special test room.

EVALUATIVE COMMENT:
Same criticisms as for general OPD regarding tightness of space, soundproofing of rooms etc. Increased demand for dental and ENT/audio facilities led to building extension at Bury (also the MK 2 design improvements).



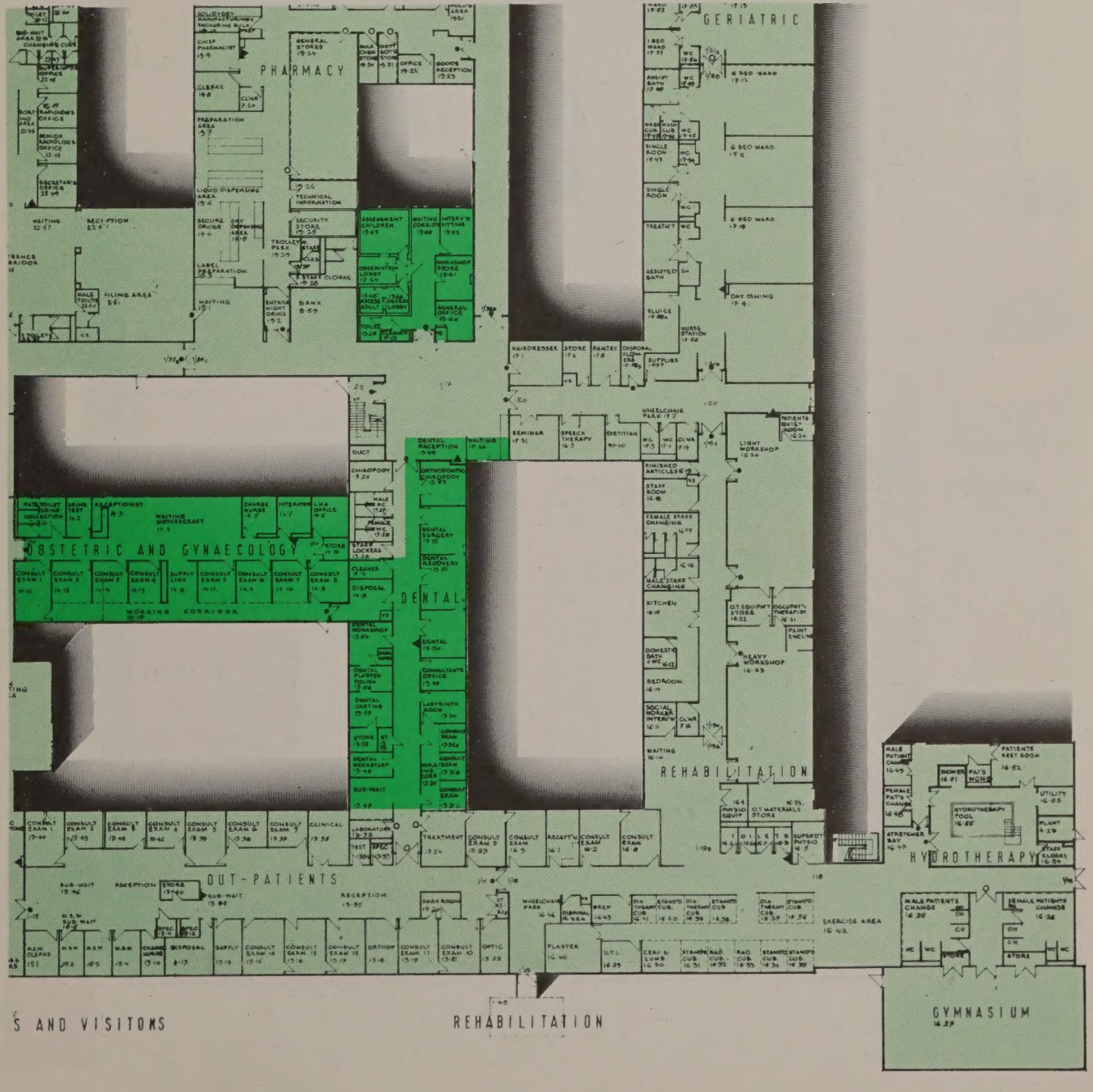
DEPARTMENT: ANTE-NATAL, DENTAL and ENT/AUDIO CLINICS
AREA: c. 660 sq. metres.
SAVING ON DHSS NORM. (1970-74 guidance): c. 35%

CONTENT:
Ante-Natal:
Exactly as for MK 1, with interview room added.
Dental:
2 surgeries with recovery area between.
Orthodontic room (part-time), offices for consultant and secretary.
Suite of 3 workshops with stores and dark room.
Patients' reception/waiting just outside entrance from "street".
ENT (within OPD)
Reception and sub-wait.
Labyrinth test room en suite with 3 small consulting rooms.
Audio: (separate but nearby).
Sound-proofed assessment rooms for children and adults, with glazed lobbies.
Reception office, wait area, workshop and fitting etc room.

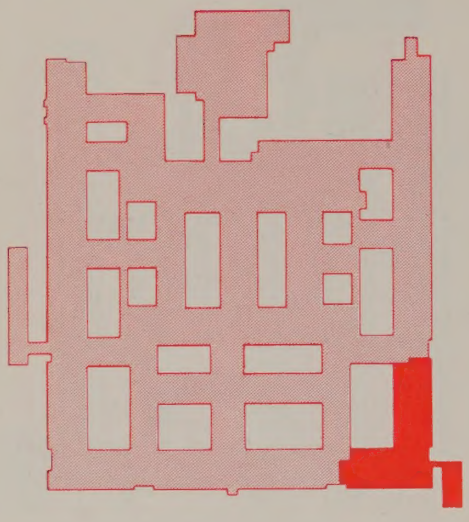
POLICY:
1. To provide special clinics complementing those of general OPD; latter may occasionally use part of this accommodation — although the greater extent of specialisation limits scope for "overlapping" and economy.
2.)
3.) As for MK 1.
4. Demand for fuller audio facilities came late; met by extending OPD across "street" into core area and providing separate suite to very high standards.

EVALUATIVE COMMENT:
Later design guidance led to extensive space/layout etc improvements over MK 1; even so, a certain flexibility in use is still to be expected.

BEST BUY MK 2
Ground Floor



BEST BUY MK 1
Ground Floor



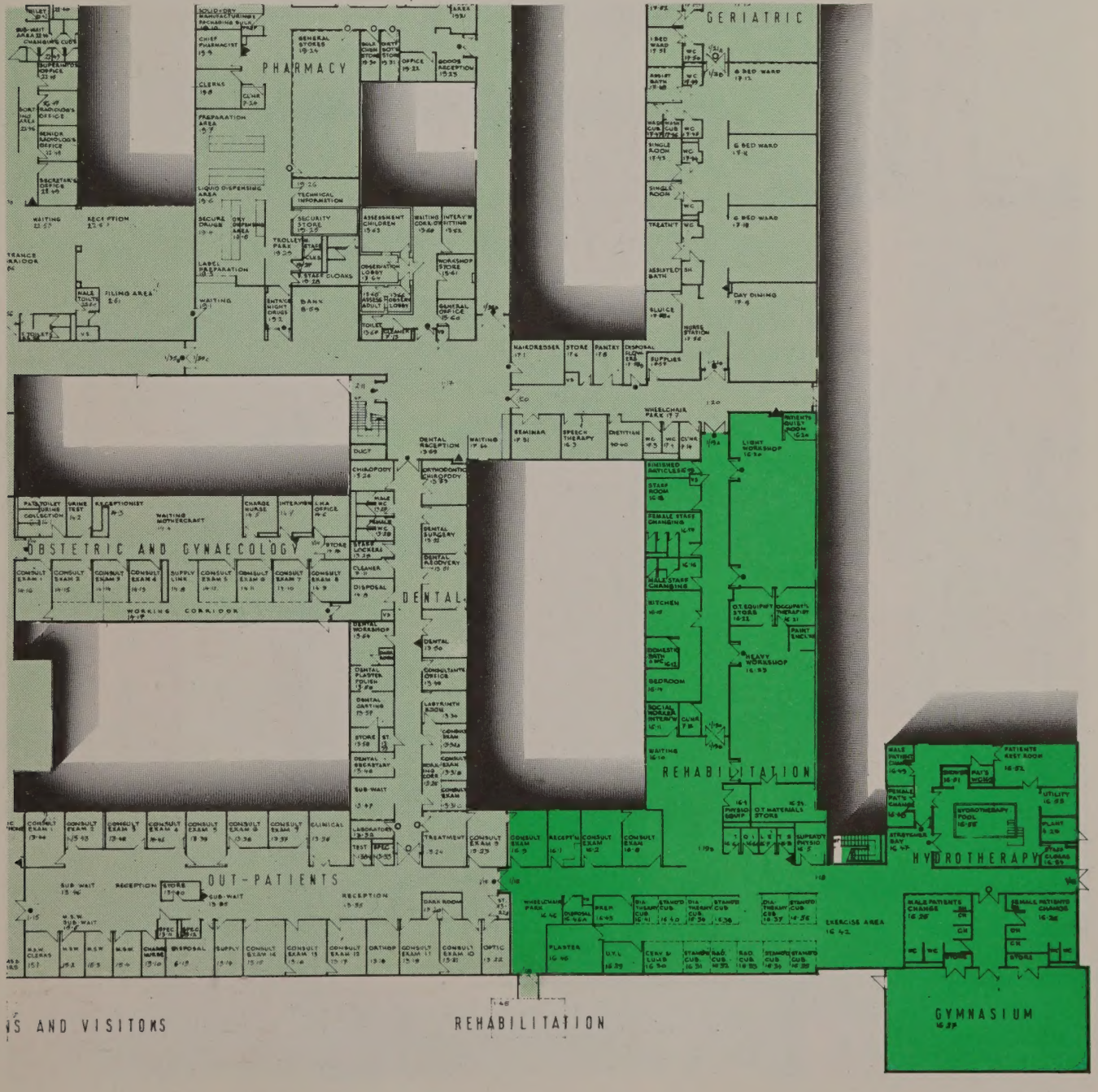
DEPARTMENT: PHYSICAL MEDICINE REHABILITATION AND HYDROTHERAPY
Text applies to MK1 and MK2
AREA: **MK 1 1067 sq. metres** **MK 2 1549 sq. metres.**
SAVING ON DHSS NORM. (1961-64 BNs): 20.8% **(1974 guidance) 13.5%**

CONTENT:
Patients' reception/records, central wait-space and changing rooms.
Consult/exam rooms (one linked with adjacent OPD in MK2)
Various treatment rooms/cubicles, with prep and disposal rooms.
"Daily living" suite, light and heavy workshops.
Offices, staff changing and rest rooms, various stores.
Open exercise area and separate gymnasium.
Hydrotherapy pool (MK 2 only).

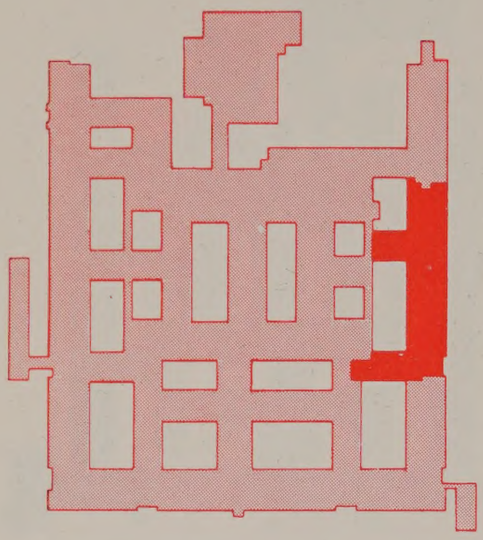
POLICY:
1. To integrate in one department the physiotherapy/occupational therapy/assessment etc facilities needed for active rehabilitation of outpatients, day-patients and some in-patients. Other acute in-patients treated at ward level; also psychiatric and geriatric day hospitals have own therapy facilities, run in conjunction with main department.
2. Patients can move freely within department from one type of treatment to another, remaining under qualified supervision and regular assessment. "Daily living" suite is fitted out domestically.
3. Accommodation and fitments to cope with wide range of physical disabilities:- crutches/ wheelchair/stretcher movement and parking, easy doorways and toilets, handrails, suspension frame above workshop machinery.
4. Changing-room facilities for staff and patients on generous scale to serve different treatment practices.
5. **Hydrotherapy** — MK 1 allows space for later addition; MK 2 includes a smallish pool with full supporting facilities for use as prescribed.

EVALUATIVE COMMENT:
In MK 1, various treatment functions not yet fully integrated — some under-use of facilities; few patients change clothes; more individual cubicles needed in place of open areas, also better staff-call system throughout.
Some aspects may improve with wider familiarisation, and provision for hydrotherapy is now seen as essential.
Mk 2 shows detail improvements but same general policy.

BEST BUY MK 2
Ground Floor



BEST BUY MK 1
Ground Floor



DEPARTMENT: GERIATRIC "ACUTE" WARDS (Assessment/Rehabilitation)
AREA: 1290 sq. metres
SAVING ON DHSS NORM. NIL (see below re day-patients)

CONTENT:

20 beds in 5-bed bays with day-space included; "quiet" sitting-room nearby.
22 beds in 3 x 6 plus 1 x 4 bed bays, having use of large day/dining area at "front" end of department.
2 beds in room suitable for married couple.
6 beds in single rooms with associated toilets.
50 Total beds (plus nominal 20-30 day places).

Supporting facilities include 3 assisted bathrooms (one equipped for minor treatments as well) WCs, stores and pantry; also 2 staff bases with supply and disposal areas, cloakrooms, offices, seminar, consulting room.

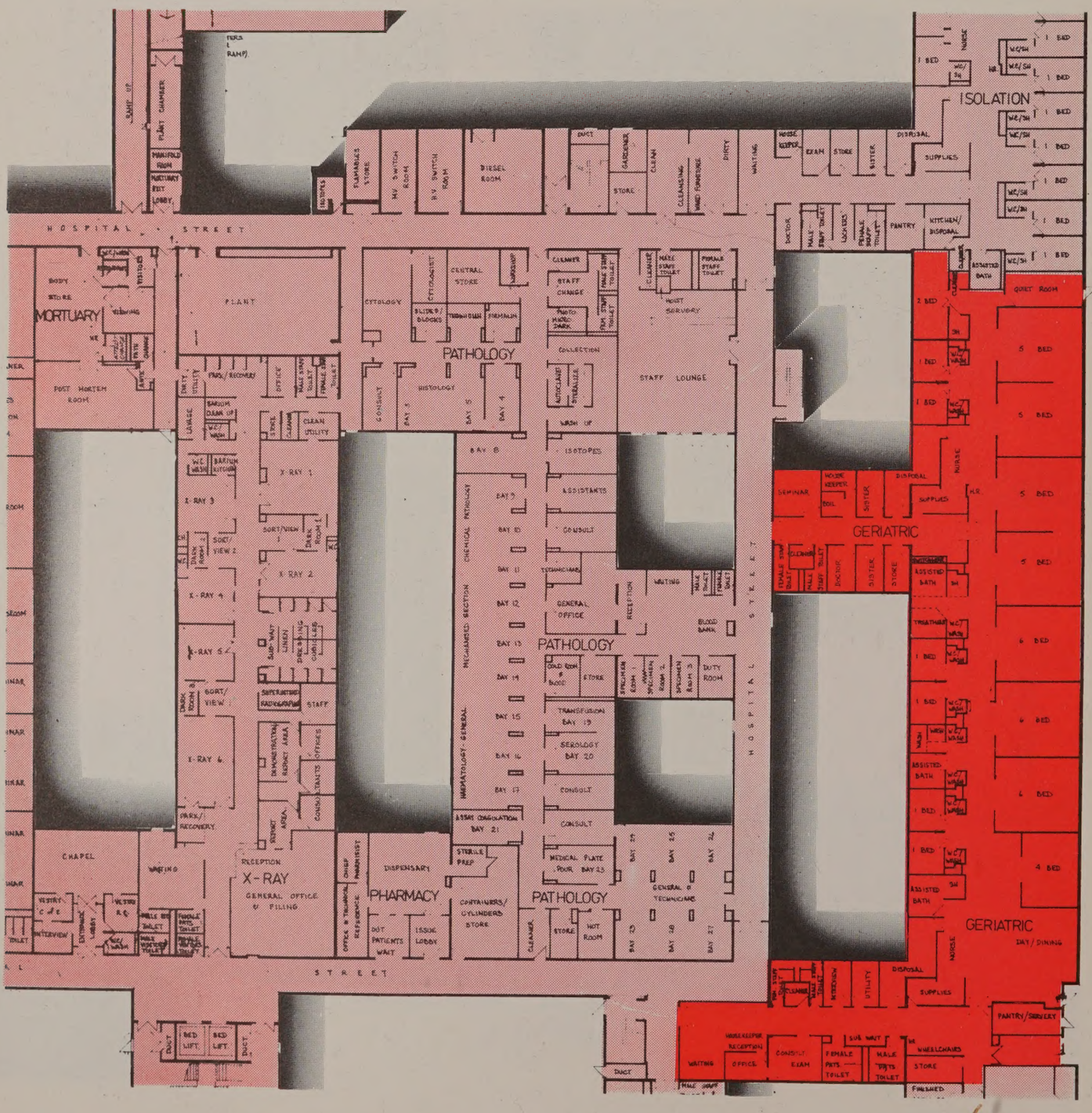
POLICY:

1. To give DGH an active geriatric facility, supported by longer-stay accommodation elsewhere (at Bury the latter was soon to be included on site as 108-bed annexe with day hospital). Department meant to accept some day-patients as well, but both hospitals found the facilities deficient and the concept unworkable.
2.)
3.) As for MK 2
4.)

EVALUATIVE COMMENT:

At Bury, various community factors are leading to extra scope and volume of workload; at Frimley, function conforms to planning policy. In both cases the facilities are appreciated apart from criticisms of WCs and other details.

NB: day-space is generous if used for in-patients only.



DEPARTMENT: GERIATRIC "ACUTE" WARDS (Assessment/Rehabilitation)
AREA: 1254 sq. metres
SAVING ON DHSS NORM. 3.5%

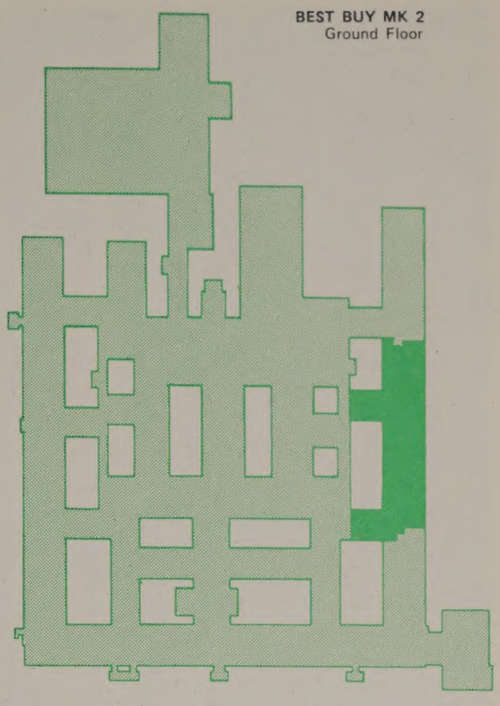
CONTENT:
Essentially same as MK 1 except that

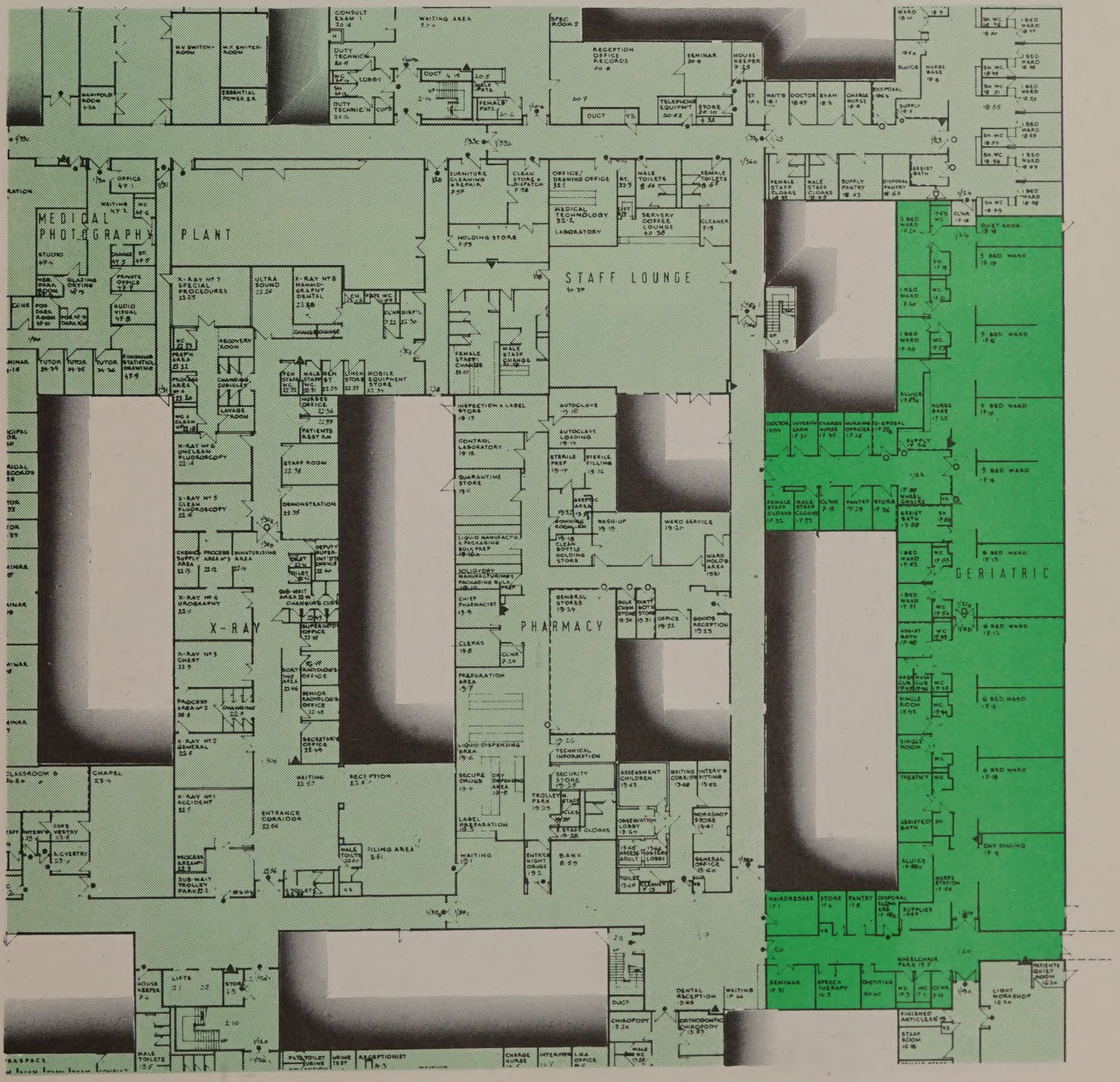
a. 4-bed bay increased to 6, making total of 52 beds;
b. layout improved through omitting putative day hospital.

POLICY:
1. To give DGH a basic provision of acute beds complemented by on-site day hospital and longer-stay accommodation as now recommended (Kings Lynn includes the former but not yet the latter).
2. System of PPC to be adopted, involving active rehabilitation plus liaison on admission/discharges with other hospitals and community services.
3. Patient-care to cover requisite medical and nursing attention from other acute depts; also various forms of therapy, "daily living" assessment, dietary advice, chiropody, even hair-dressing.
4. Design takes account of special needs as regards patient movements, wheelchair parking, colour-coding of bedrooms, catering, access to gardens etc.

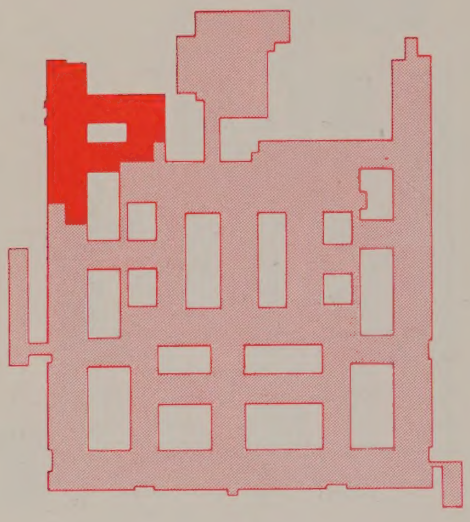
EVALUATIVE COMMENT:
Bury's problems of extra workload from eg the elderly mentally ill have not been reflected in MK 2 design; also, for full realisation of PPC, Kings Lynn must still depend on co-ordination with longer stay facilities elsewhere.

BEST BUY MK 2
Ground Floor





BEST BUY MK 1
Ground Floor



DEPARTMENT: PSYCHIATRIC WARDS AND DAY HOSPITAL.
AREA: 1379 sq. metres.
SAVING ON DHSS NORM. (1961 BN): 34%

CONTENT:

12 beds in 6-bed bays with full services.
2 "mother and baby" rooms with cot annexe and toilets.
4 single rooms (1 protected).
18 total for assessment purposes, close to staff base.
35 in 7-bed "dormitories" with wardrobe dividers.
53 total beds for in-patients.
70 (approx) day places for both in and outpatients.

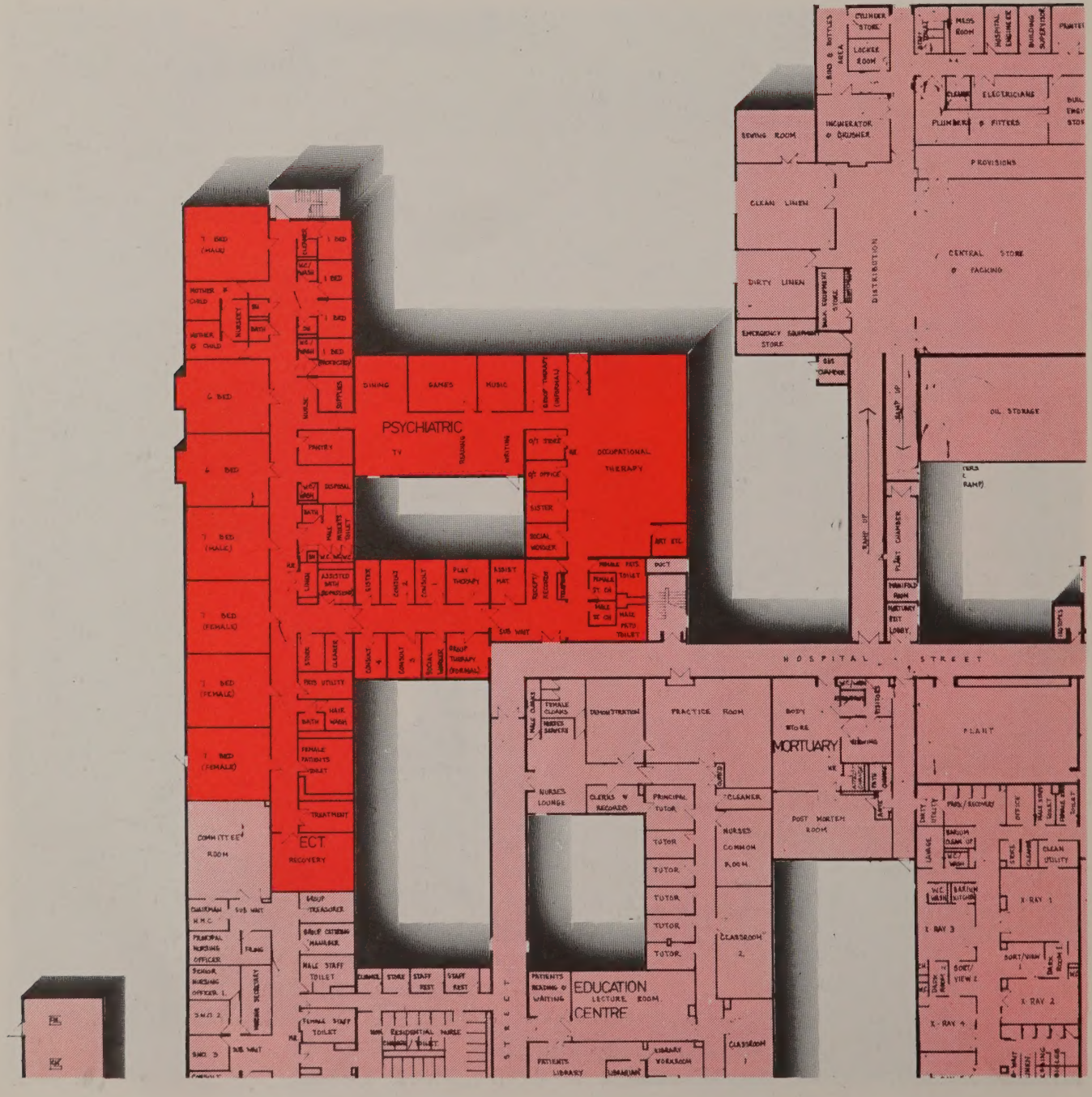
Staff base with supply and disposal, cloakrooms, offices and 4 consulting rooms; pantry opening on to day/dining area with associated music and games rooms; foyer, reception/ records and large occupational therapy area; ECT suite.

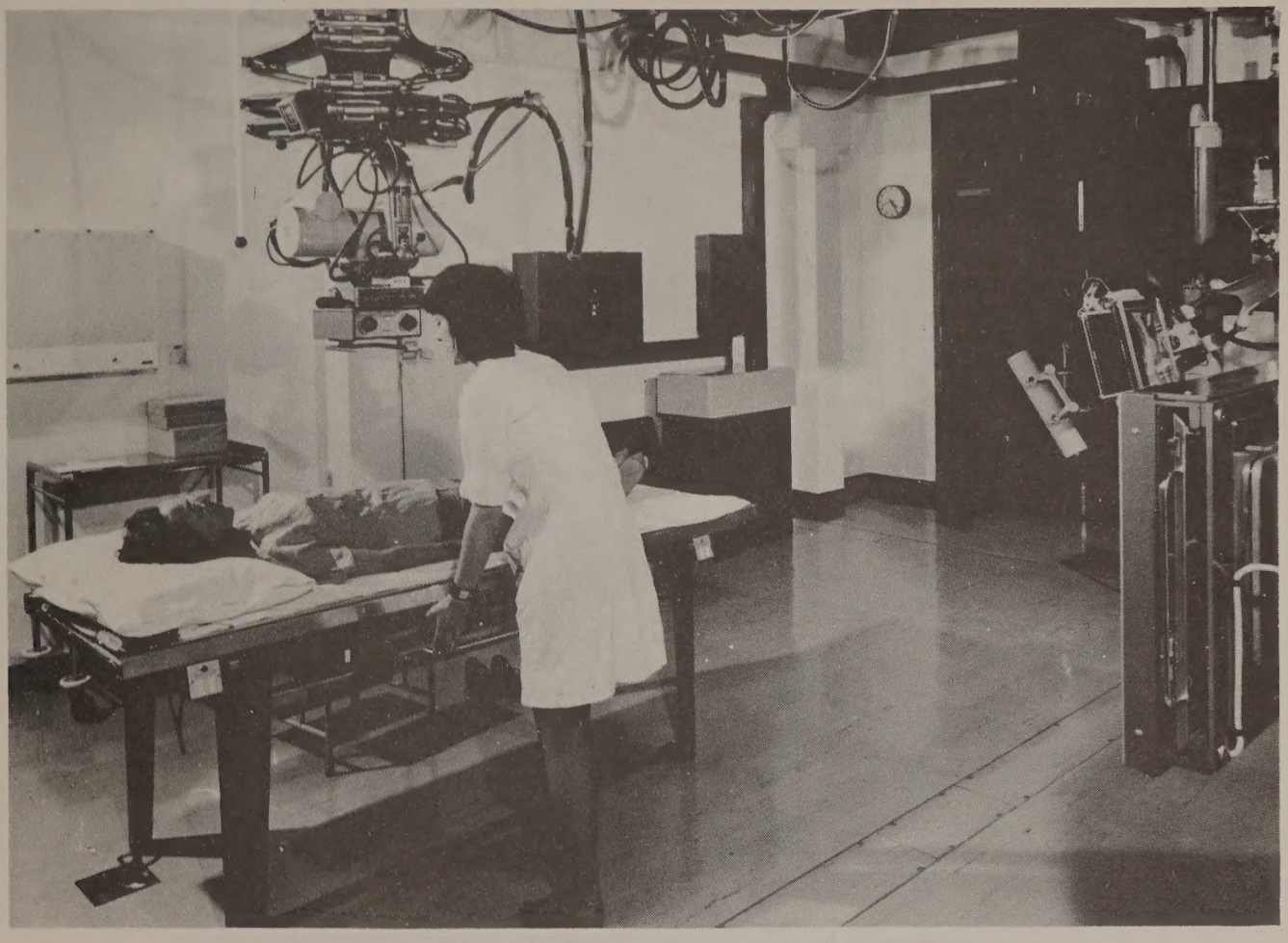
POLICY:

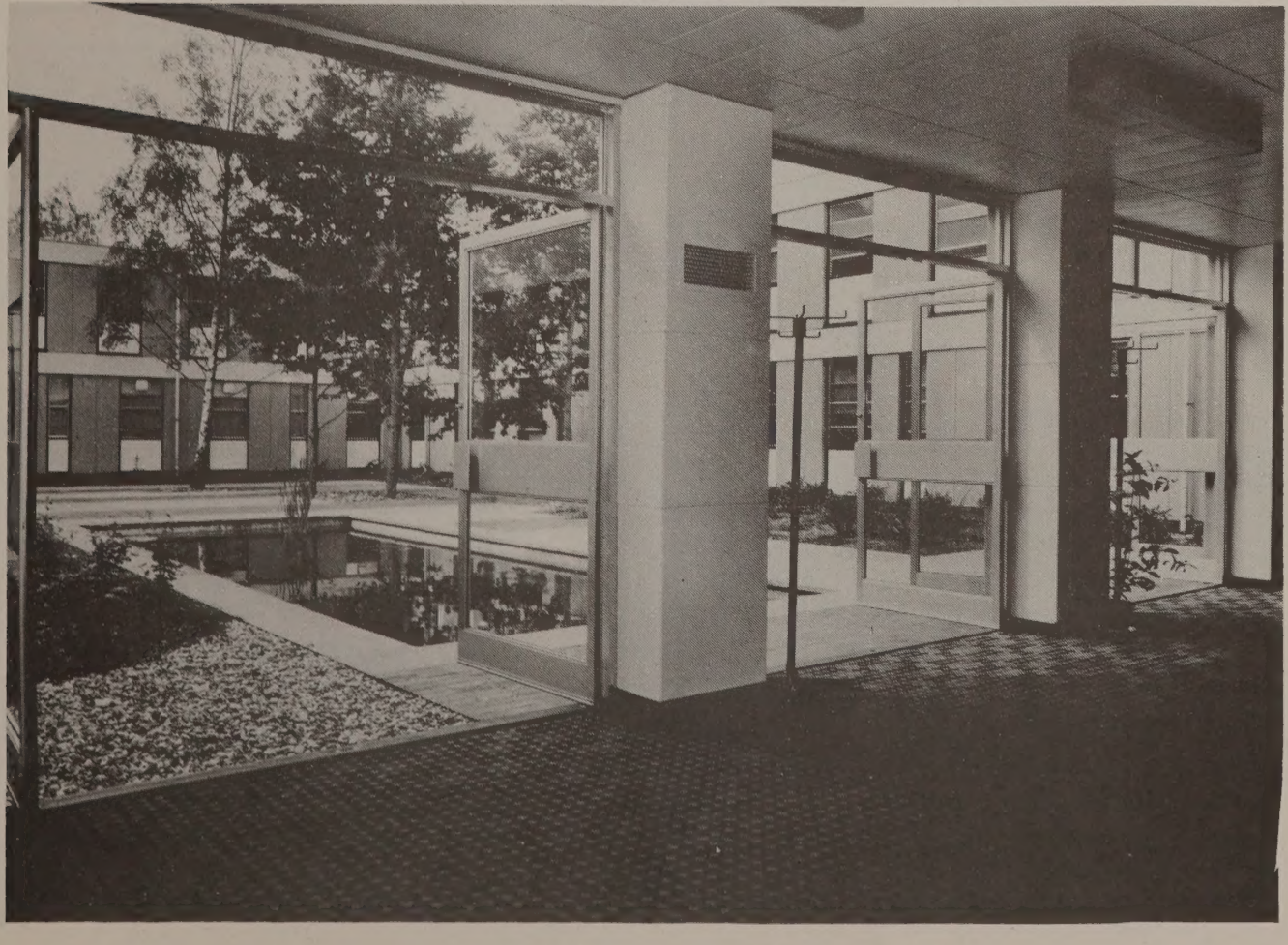
1. New facility for District, not replacement of existing; lack of prior experience means development may vary according to local circumstances and flexible use, eg for child psychiatry.
2. System of progressive patient care to be adopted, assuming proper community support on discharge, with remedial activities being mainly voluntary.
3. Admissions and day-patients may enter department either via hospital street or direct from outside (through separate doors).
4. Courtyards and grounds of therapeutic value; other DGH facilities also available for certain patients, notably the workshops etc in physical medicine department.

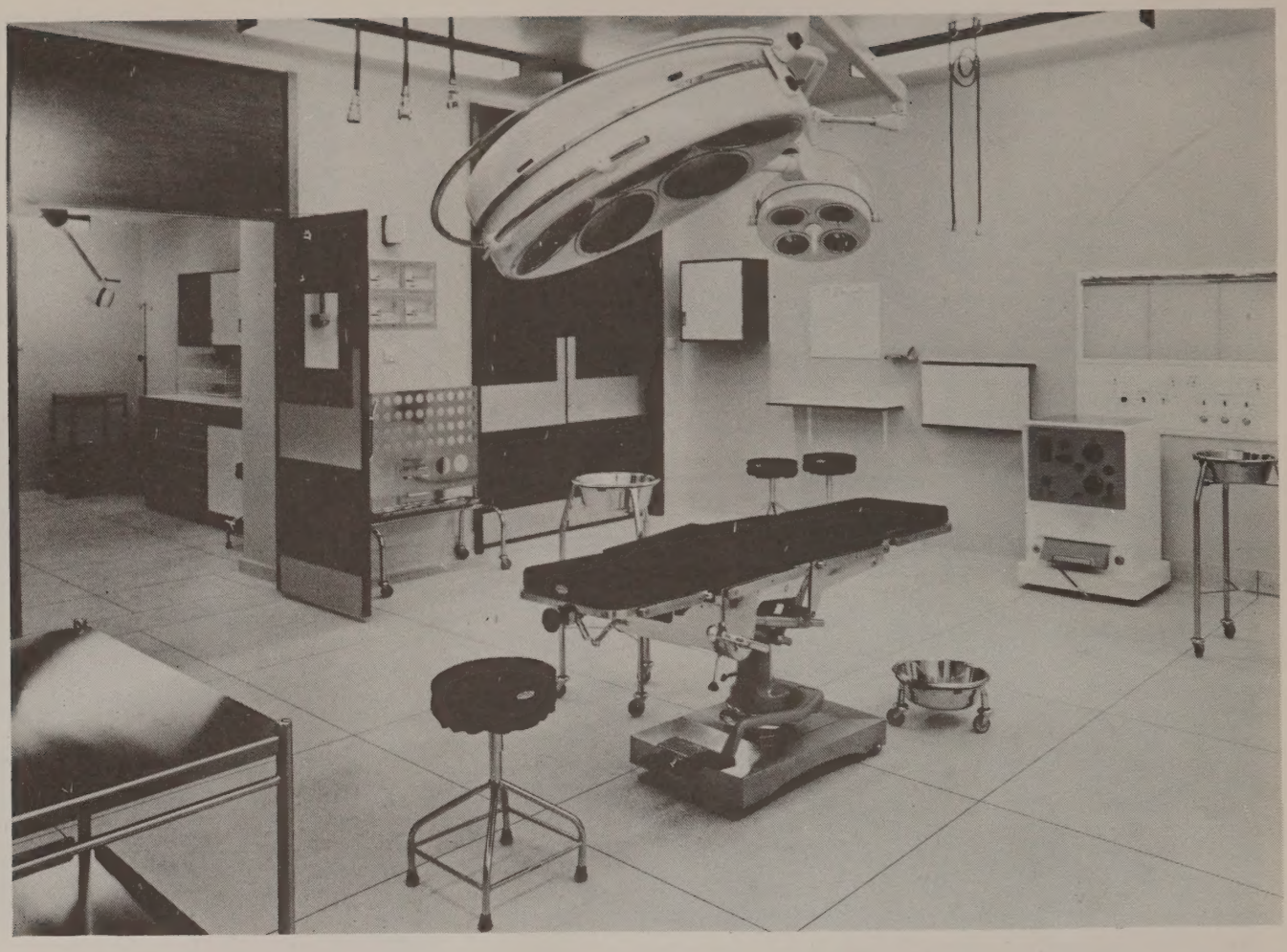
EVALUATIVE COMMENT:

Frimley lacks support from community but gets it from large MI hospital nearby; Bury stands virtually alone and experiences growing demand of all kinds. Both now find facilities inadequate, although policy not much at fault except in terms of OP clinic provision.









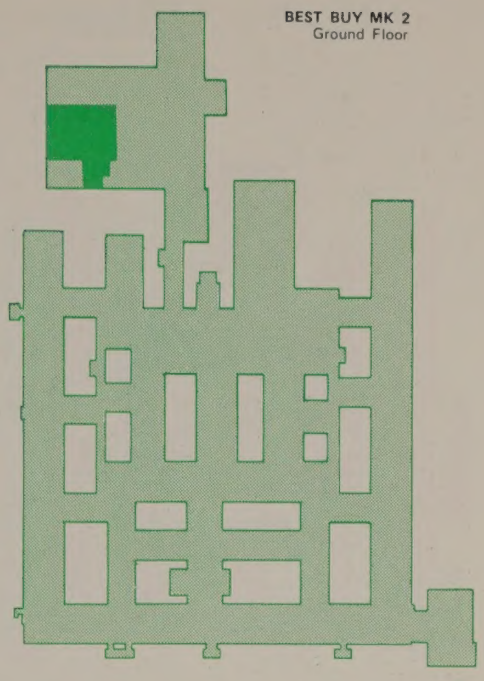
DEPARTMENT: HOSPITAL STERILIZING AND DISINFECTING UNIT
AREA: 630 sq. metres.
SAVING ON DHSS NORM. N/A (Guidance pending).

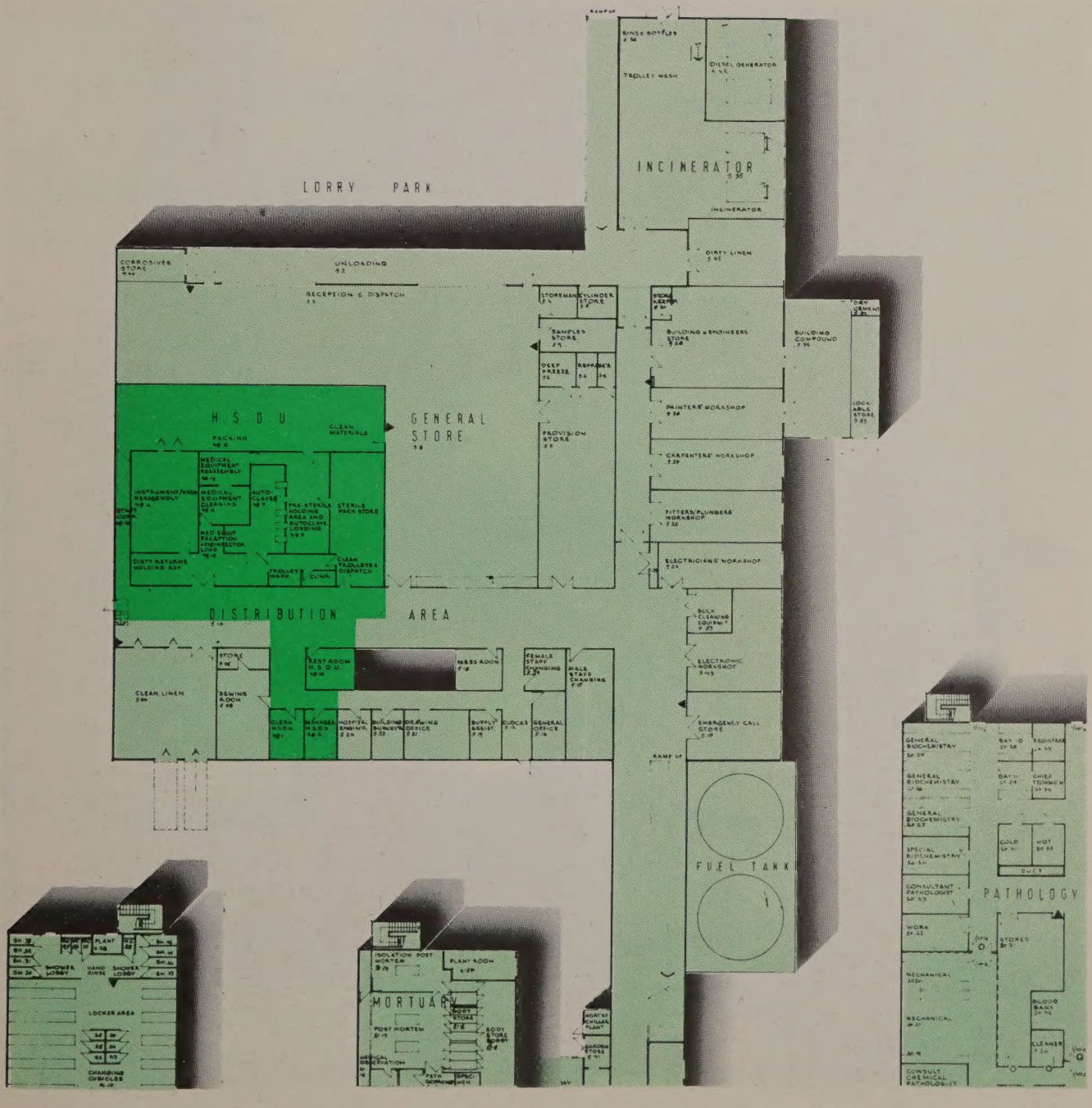
CONTENT:
Holding Bay for dirty returns; trolley wash and park.
Instrument wash and re-assembly room.
Open packing area with storage for clean materials etc.
Autoclave room and separate loading space.
Sterile packs store and despatch.
Medical equipment disinfection, cleaning and assembly rooms.
Offices, restroom and (shared) staff changing.

POLICY:
1. To provide shuttle service of instrument packs etc to sterile goods store in Operating Dept; also to meet other depts' ad hoc need for instruments and CSSD goods.
2. Workflow is from dirty trolley (ex theatres) via instrument wash/assembly to packing, sterilizing and storage areas, then re-load on washed trolley and return up ramp.
3. Packing area equipped with mobile benching and racks for easy variation of layout according to demand. Staff require good working conditions and controlled environment. (NB: economy of "factory-type" accommodation).
4. To provide whatever facilities are needed for cleansing and disinfection of wide variety of medical equipment, ready for re-use with another patient, and to liaise on servicing aspects with electronics workshop and medical technology unit.

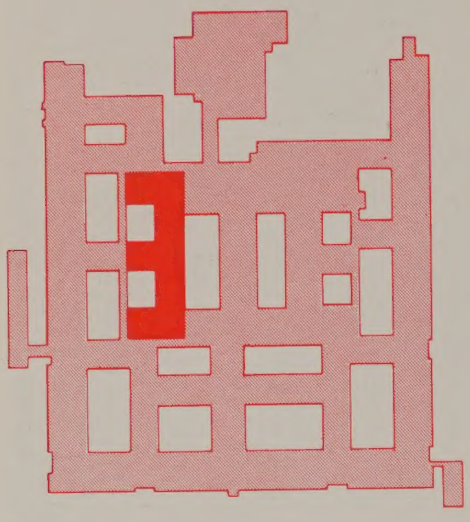
EVALUATIVE COMMENT:
This unit exemplifies greatly advanced requirements since MK 1 (which was planned with only a simple TSSU). In other projects its functions may combine with an existing CSSD, if convenient, but at Kings Lynn the CSSD is being added and future development of the service will be watched with interest.

BEST BUY MK 2
Ground Floor





BEST BUY MK 1
Ground Floor

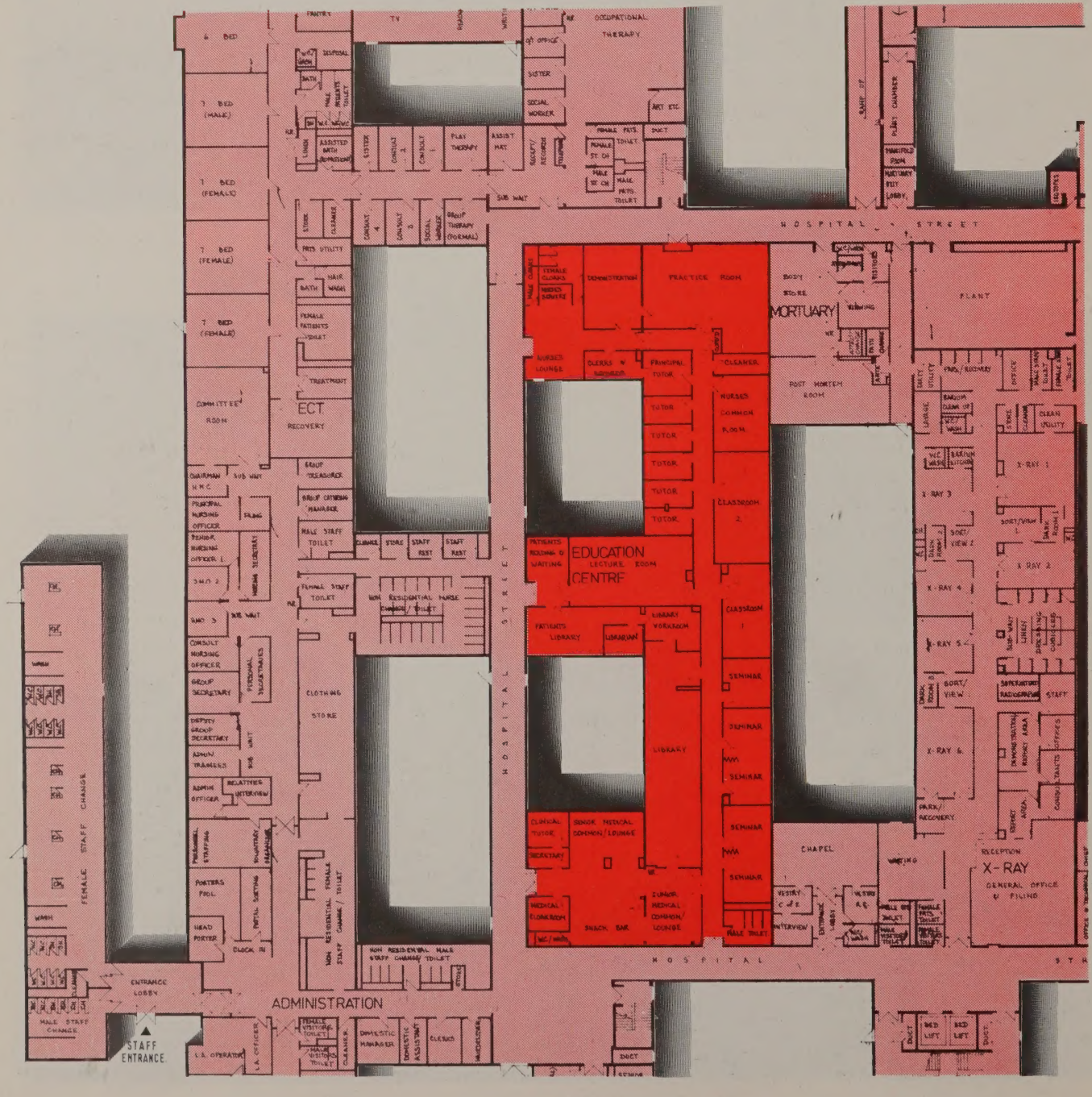


DEPARTMENT: EDUCATION CENTRE AND LIBRARY
AREA: 1017 sq. metres.
SAVING ON DHSS NORM. (1964-68 guidance): 18.3%

CONTENT:
Nurse Training:
Demonstration and practice rooms.
Classrooms (2), large seminar with folding partition, small seminar.
Lounge with servery, common room; offices – principal, clerks and 5 tutors.
Intermediate (shared):
Lecture Theatre with usual fitments and anteroom.
Technical library, librarians' office and workroom, patients' library.
Postgraduate Medical:
Senior and junior common rooms with servery, cloakroom.
Large seminar with folding partition.
Offices for clinical tutor and secretary.

POLICY:
1. To combine on programmed basis the educational needs of all health service staff within hospital and community; facilities in Centre supplemented by ward seminar rooms etc.
2. Approved nurse training courses for up to 200 students/pupils; occasional use in midwifery training programme; ad hoc study days/courses for qualified nurses (hospital and community).
3.)
4.) As for MK 2
5.)

EVALUATIVE COMMENT:
Programmed sharing disliked for various reasons but assertions of inadequate space not borne out by user analysis. Factors like changing pattern of nurse training make layout and room sizes (eg. lecture theatre) look ripe for improvement, although functionally still effective.



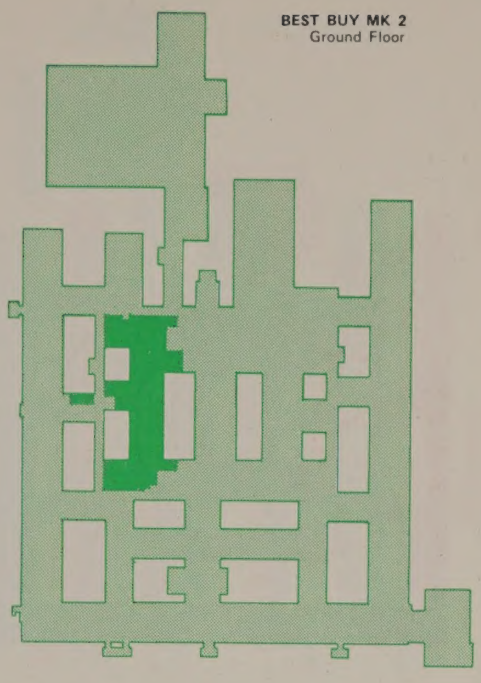
DEPARTMENT: EDUCATION CENTRE AND LIBRARY
AREA: 1215 sq. metres.
SAVING ON DHSS NORM. (1973 guidance): 15%

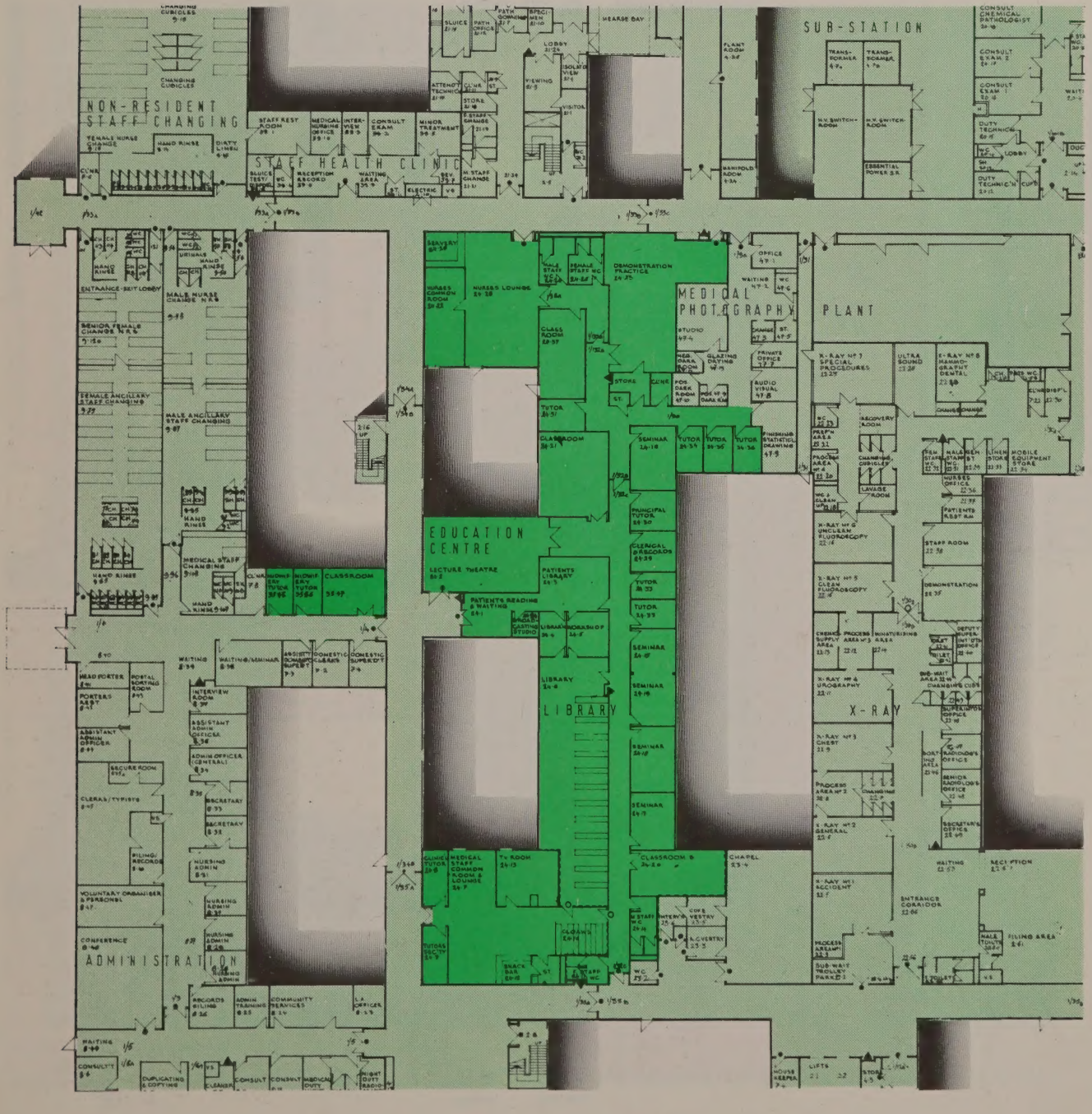
CONTENT:
Generally as for MK 1, but greater space permits improved layout and accommodation, ie:
Nurse Training – more storage and extra tutor's room.
PG Medical – own classroom and small seminar.

POLICY:
1. }
2. } As for MK 1.
3. Postgraduate lectures/presentations/study days can be arranged for medical staff, scientific and allied professions working in hospitals, general practice and the community.
4. Induction training courses etc arranged by Admin. for other groups of staff as required.
5. Library – provides base for ward trolleys: liaises with local authority on staff appointments, referencing and book acquisitions, also with Med. Records dept. on research and case histories.
6. Broadcasting studio available for internal radio service if it can be organised.

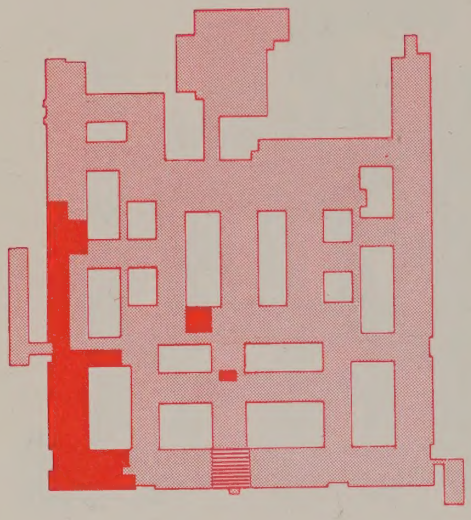
EVALUATIVE COMMENT:
Policy remains as for MK 1 – including shared library which Frimley has rejected – so full user acceptance at Kings Lynn may yet be problematical.

BEST BUY MK 2
Ground Floor





BEST BUY MK 1
Ground Floor

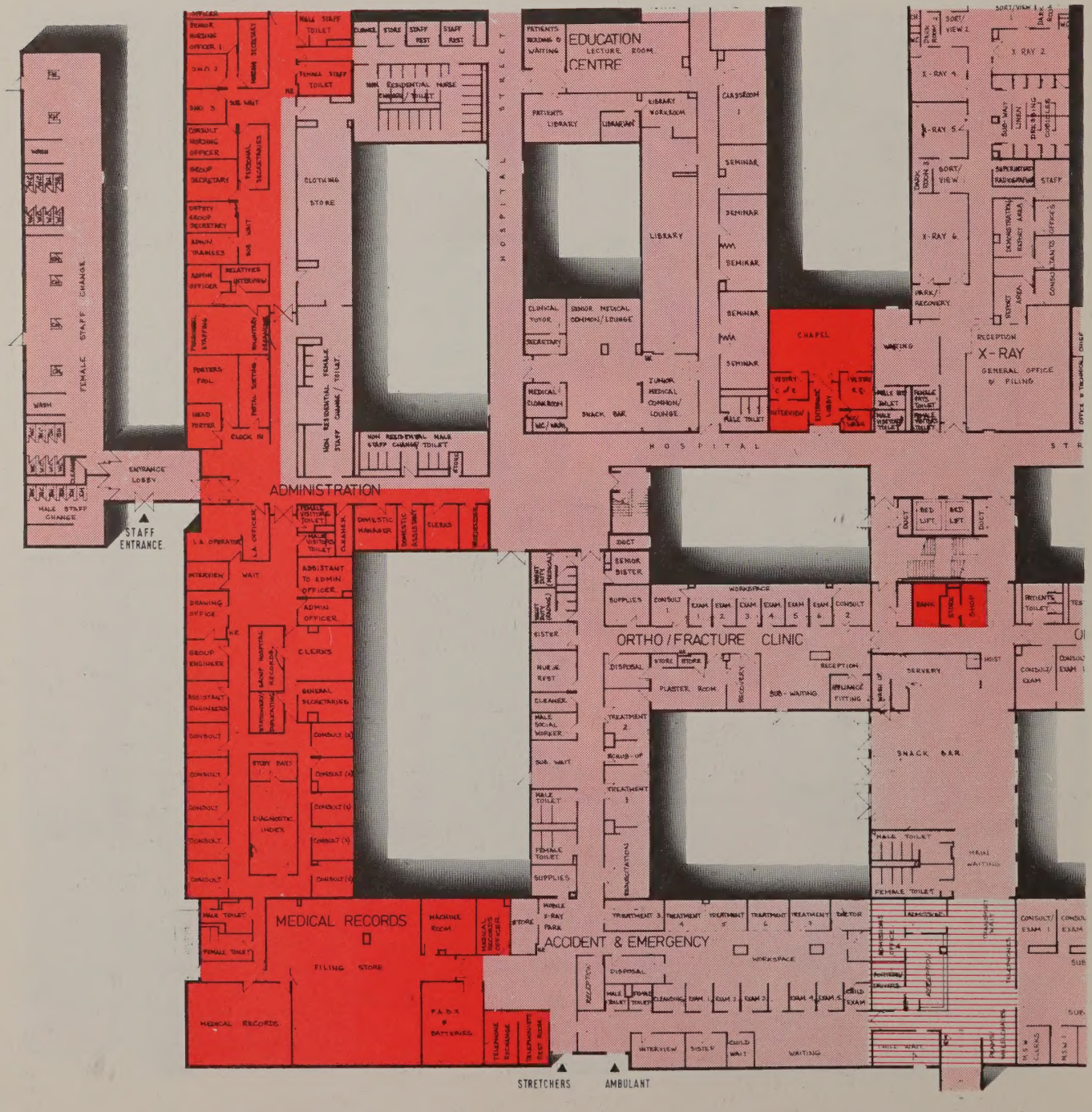


DEPARTMENT: ADMINISTRATION AND MEDICAL RECORDS
AREA: 2518 sq. metres (to bring in Staff Changing),
SAVING ON DHSS NORM. (1969 BN): 21.7%

CONTENT:
Appointment/Admissions suite in concourse; Shop and Bank nearby.
Medical Records store, machine room and office.
Diagnostic Index room with study bays.
Consultants' offices (10) and secretaries' "pool".
Unit admin offices plus duplicating and records areas; suites for nursing and domestic management, also LA liaison.
Conference room; office suites for group admin., works functions etc.
Chapel with interview room and vestries.
Head porter, "pool" room, post-sorting area, telephonists and switchgear. Time-clock, waiting spaces, WCs and so on.

POLICY:
1. To provide integrated accommodation for higher levels of medical, nursing, domestic and general administration; conjunction of hospital's with HMC Group's functions offered economies from shared use.
Lower-level management offices generally dispersed throughout hospital.
2.)
3.) As for MK 2
4.)
5.)
6. Medical Records storage space – combining open static racks for active cases and compact mobile racks for dormant cases – based on assumption of regular "weeding" and disposal.

EVALUATIVE COMMENT:
Admin. Dept. seems to work well enough on the whole, but room usage is changing a lot through influences like:
a. NHS Reorganisation – District HQ to remain elsewhere.
b. Reluctance of senior officers to be integrated, together with some consultants' desire to have offices dispersed, not centralised.
c. Objections to medical secretaires' pooling in theory and practice.
d. Continued salaries and wages work on site (demanding added security).
Medical Records is subject to user criticism, nevertheless community liaison, GP involvement and volunteer support are generally good.



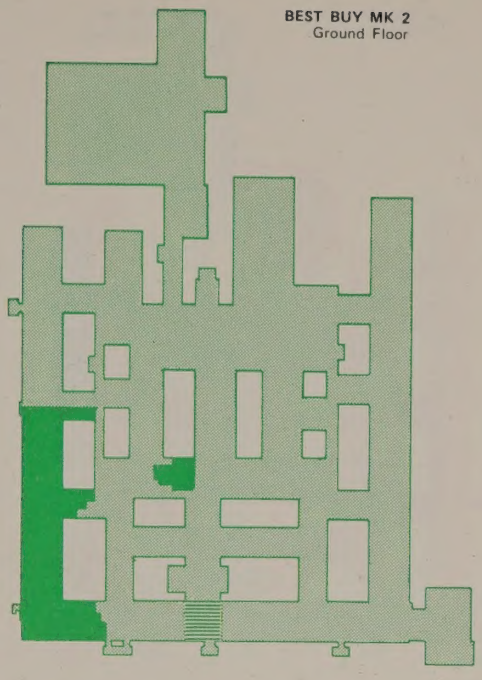
DEPARTMENT: ADMINISTRATION AND MEDICAL RECORDS
AREA: 3035 sq. metres (to bring in Staff Changing).
SAVING ON DHSS NORM (higher scale): 27.0%

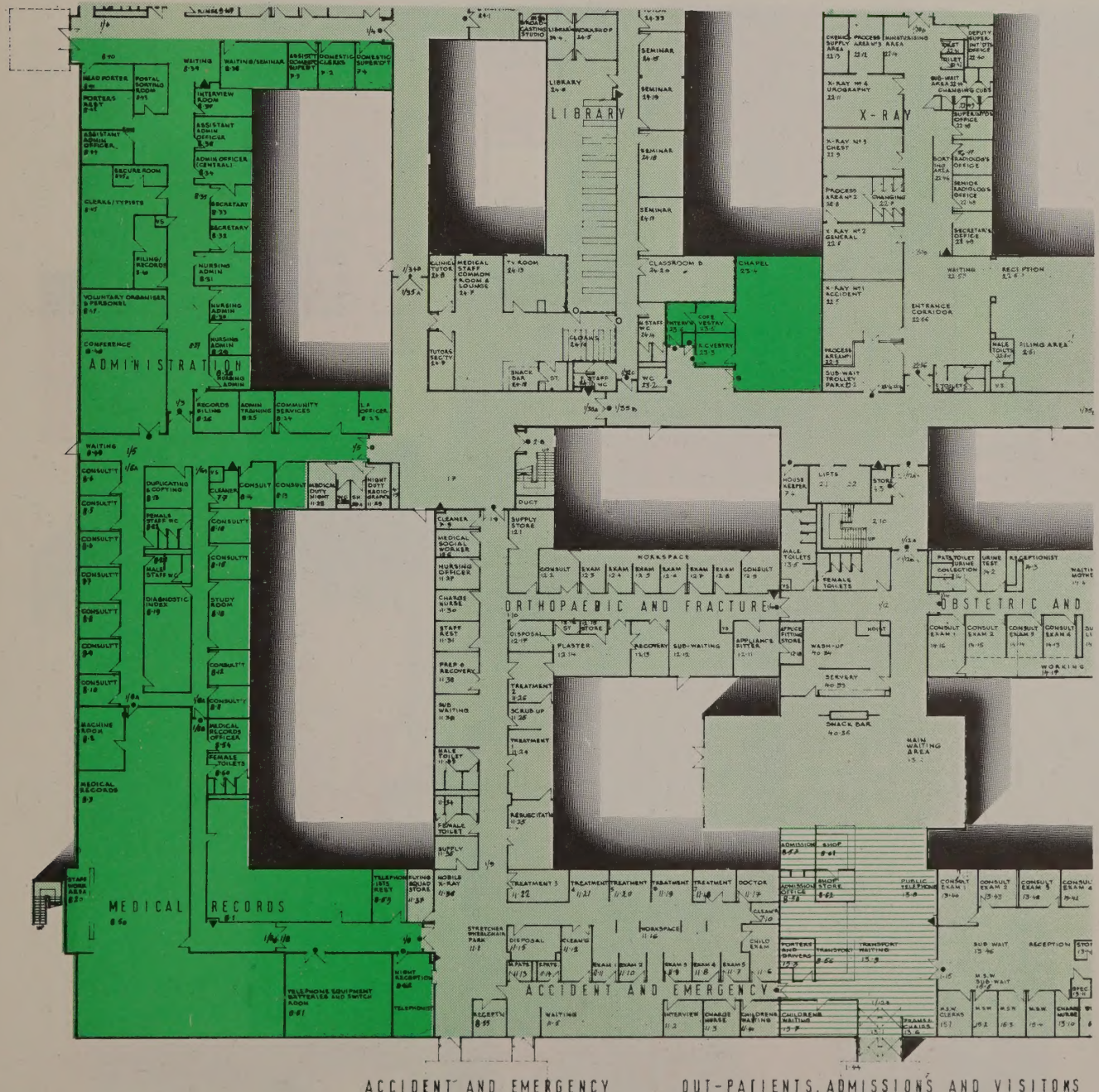
CONTENT:
Appointment/Admissions suite in concourse, with Shop adjacent.
Medical Records store, machine room and office.
Diagnostic Index with separate study room.
Consultants' offices (12) and secretaries' "pool".
Conference room; unit admin. offices plus duplicating and records.
Office suites for nursing (Salmon), domestic management, LA liaison.
Chapel with interview room and vestries.
Head porter, "pool" room, post-sorting area, telephonists and switchgear.
Time-clock, waiting spaces, WCs etc.

POLICY:
1. To provide integrated accommodation for higher levels of medical, nursing, domestic and general administration (unit only), with optimum sharing of common services. Lower-level management offices mainly dispersed throughout hospital.
2. Medical admin (Cogwheel) functions sited between general admin and medical records for consultants' convenience: secretaries to be "pooled" for best use of their time – centralised dictation generally less economical.
3. No offices for wages clerks – finance functions to remain securely off-sited (at area level?).
4. Community liaison to be encouraged, also use of voluntary helpers through appointment of Organiser.
5. Porters on shifts to be allocated either from general "pool" or by designation for specialised tasks in certain departments.
6. As for MK 1.

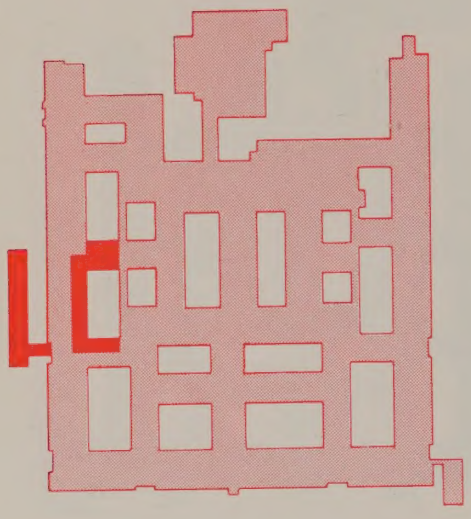
EVALUATIVE COMMENT:
Layout was simplified and improved through omission of District management functions (see MK 1); otherwise planning policy and relationships have remained much the same, so there is concern to see how well Kings Lynn staff can make use of accommodation provided.
Medical Records storage increased but "detachment" from OPD may be no better liked than at Bury/Frimley.

BEST BUY MK 2
Ground Floor





BEST BUY MK 1
Ground Floor

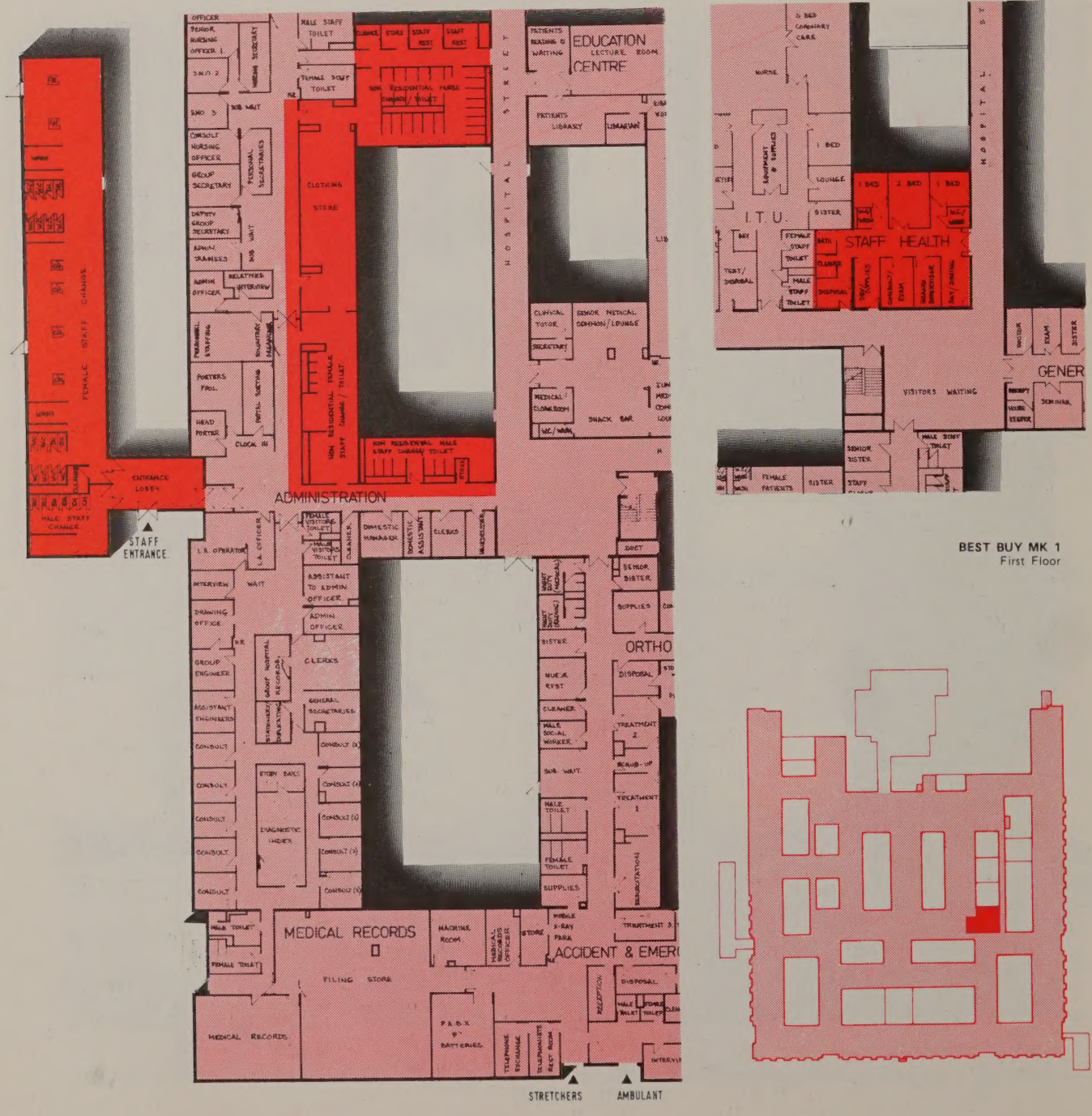


DEPARTMENT: STAFF HEALTH, CHANGING AND OTHER FACILITIES
AREA: 139 sq. metres (Health Clinic only — others included elsewhere).
SAVING ON DHSS NORM. N/A (not then available).

CONTENT:
Central NRSC (female):- locker rooms with ample shower/changing cubicles and toilets, in Admin Block (360 places) and Annex (c 680 places).
NRSC (male):- locker room and facilities in Admin Block.
"Local" staff changing rooms in ITU and Op Theatres, CDS, Isolation, Physical Medicine, Mortuary and Pathology.
Cloakrooms with handbag lockers throughout hospital.
Rest rooms in various departments (for coffee lounge and snack bar see under Catering): also night duty rooms.
Staff Health Clinic — consult/exam room, nurse's office, bedrooms (unused) and support facilities.

POLICY:
1. Female NRSC area within hospital was originally planned (assuming non-personal uniforms) for supervised clothes storage by means of wire hanger-baskets on racks. Reversion to personal uniforms and storage demanded extra locker space, ie new annexe beside staff entrance — making main block's sanitary provision excessive for the fewer users.
2.)
3.) As for MK 2.
4. Departmental changing rooms needed for infection control purposes.
5. Clean uniforms/overalls to be delivered regularly by S and D system to lockers and the "local" user points, also soiled ones collected.
6. Staff health clinic relies on regular sessions by GP or consultant; liaises with other departments when eg continuing care/treatment is prescribed.

EVALUATIVE COMMENT:
More and better changing rooms needed in some locations, but in central area a utilisation survey has raised doubts whether so much extra space was justified (eg. sanitary facilities under-used). Staff health clinic is functioning satisfactorily, as also are uniform deliveries etc.



BEST BUY MK 1
First Floor

DEPARTMENT: STAFF HEALTH, CHANGING AND OTHER FACILITIES
AREA: 136 sq. metres (Health Clinic only – others included elsewhere).
SAVING ON DHSS NORM. (1973 guidance): 4.4% extra.

CONTENT:
Central NRSC – locker rooms with full facilities designated as follows:

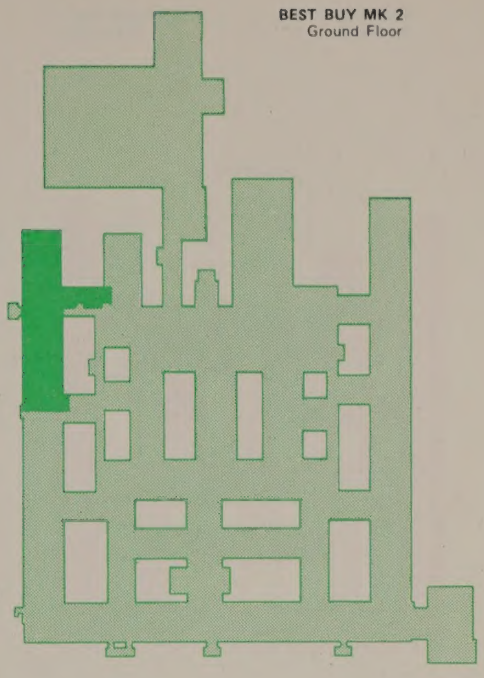
A/B	Female nurses	(720 places).
C	Male nurses	(120 places).
D	Male ancillary	(120 places).
E	Female ancillary	(250 places).
F	Doctors	(55 places).

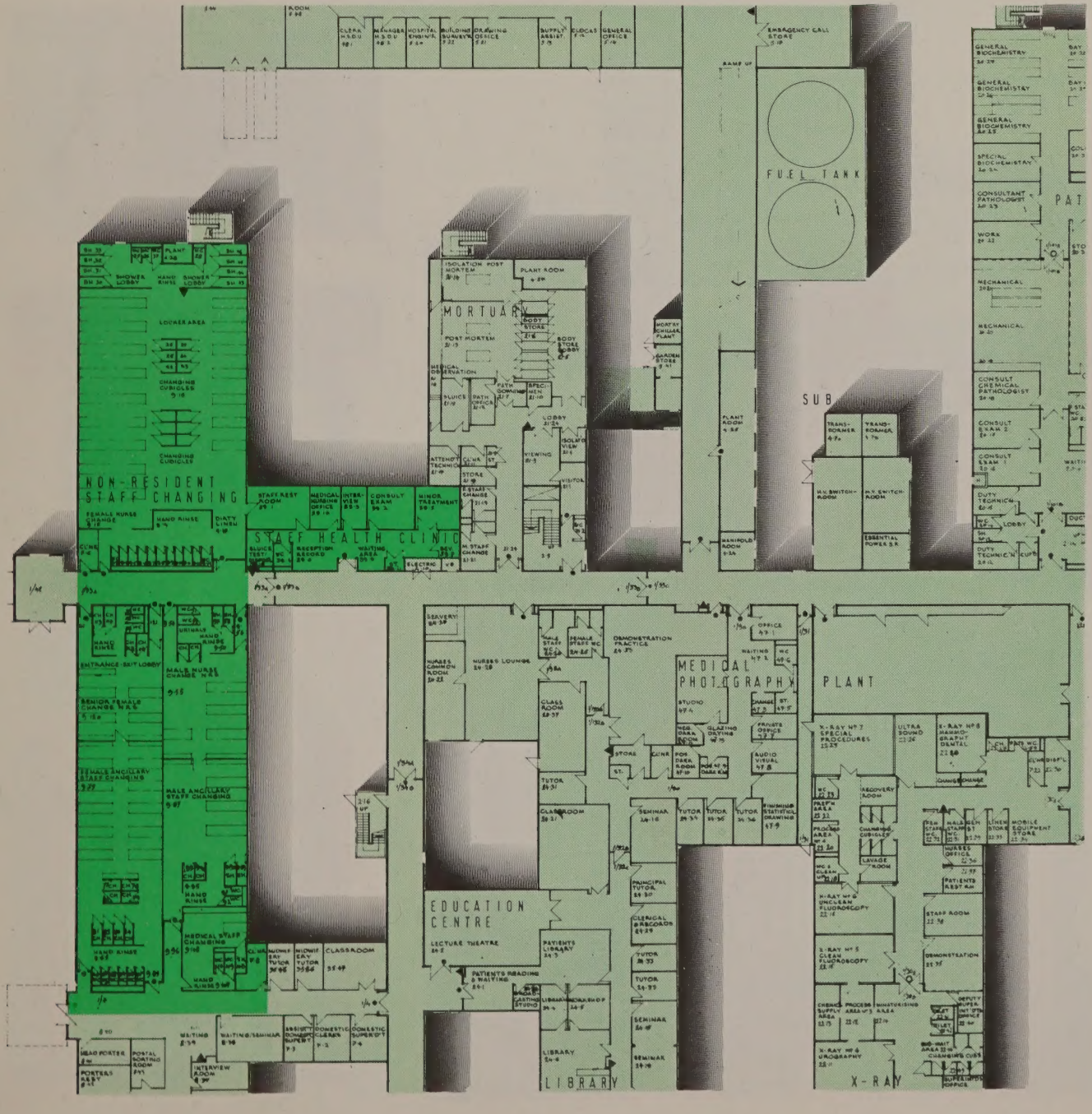
"Local" staff changing rooms for Op Theatres, CDS, ITU, Isolation, Rehabilitation, Mortuary, Pathology and X-ray (shared), Kitchen and Stores/Works.
Cloakrooms (with handbag lockers) throughout hospital.
Rest rooms in various departments (for coffee lounge and snack bar see under Catering); also night duty rooms.
Staff Health Clinic – consult/exam and interview rooms, nurse's office, rest room and full supporting facilities.

POLICY:
1. NRSC not short of space on replanning, therefore able to allow for later demand growth (eg more part-timers); allocation of rooms can easily be changed or reduced.
2. Subsidiary cloakroom facilities at ward etc level enable staff to leave personal belongings in secure places.
3. Provision of rest rooms and "on-call" rooms based on likely demand.
4. Departmental changing rooms justified mainly for infection control purposes but also for convenience (eg in Stores/Works).
5.)
6.) As for MK 1.

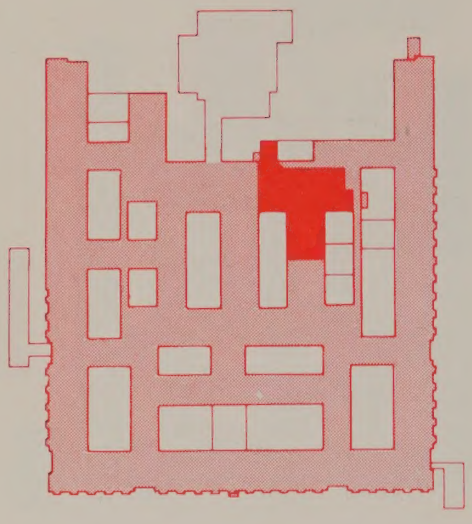
EVALUATIVE COMMENT:
Improvements and additions to departmental changing rooms should be welcome; however, enlargement of central provision may have reflected some over-response to the MK 1 feedback and actual user levels will need watching. Other facilities much as before.

BEST BUY MK 2
Ground Floor





BEST BUY MK 1
First Floor

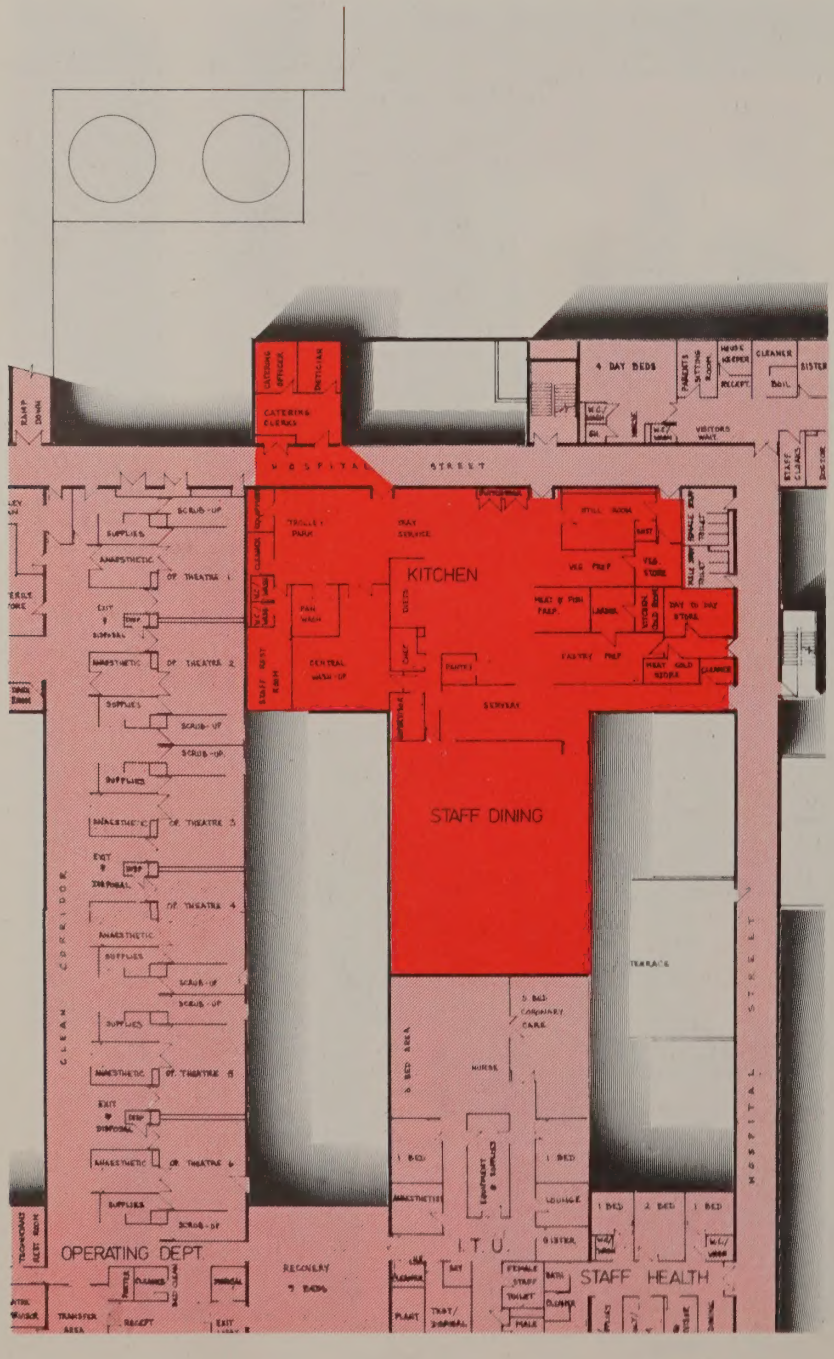


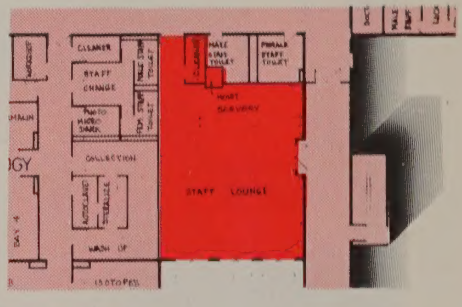
DEPARTMENT: CATERING SERVICES
AREA: 1109 sq. metres
SAVING ON DHSS NORM. (1963–65 BNs) 9.6%

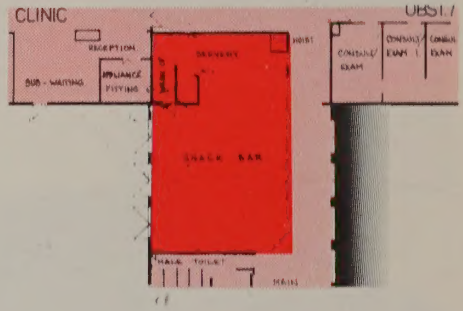
CONTENT:
Kitchen:
Ward tray service conveyor belt and trolley park.
Separate storage/preparation areas for vegetables, meat and fish, and pastry.
Open central area containing cooking equipment modules plus diet bay.
Still room for all beverages, with hoist link to coffee lounge.
Central wash-up, pan wash and storage.
Various offices, staff restroom and WCs (but no changing space).
Pantry and servery link to:-
Staff Dining Room:
180 places at small tables; outdoor terrace.
Coffee Lounge:
Servery with hoist link to still-room over.
Mainly bench-type seating for 70-80 people; doors to courtyard.
Snack Bar:
Small tables/chairs for over 70 people.
Preparation/cooking area with servery, also vending machines.

POLICY:
1. Kitchen is sized to provide over 1000 main (midday) meals for patients and staff; patients' other meals; and routine beverages throughout day.
2.)
3.) As for MK 2
4.)
5.)
6. Staff have minimal self-catering facilities within wards/departments but may use the various pay-as-you-eat facilities any way they please; dining room opens lunch-time only.

EVALUATIVE COMMENT:
Design in use is subject to many criticisms, particularly as regards kitchen space, equipment, work-flows and surfaces, also ventilation system. Breakdown of areas between restaurant, coffee lounge and snack bar now made to look silly by changes in eating habits – first and largest is used for least period of day; general popularity of snack bar almost overwhelming.







BEST BUY MK 1
Ground Floor

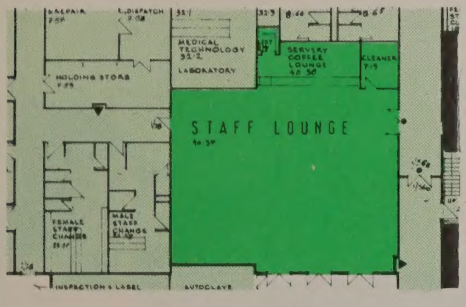
DEPARTMENT: CATERING SERVICES
AREA: 1633 sq. metres
SAVING ON DHSS NORM. (Higher scale): 7.8%

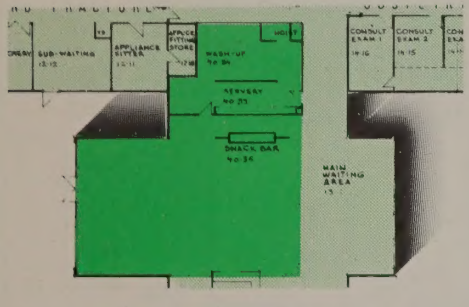
CONTENT:
Kitchen:
Virtually same as for MK 1 but space and layout much improved; also staff changing added, and dietition given office near OPD. Reorganised servery links it to:-
Staff Dining Room:
280 places at small tables.
Coffee Lounge:
Servery with hoist link to still-room.
Varied seating for c 150 people; doors to courtyard.
Snack Bar:
Small tables/chairs for 100 people.
Preparation/cooking area and servery, also vending machines.

POLICY:
1. Kitchen is sized to provide some 1650 main (midday) meals for patients and staff; patients' other meals; and routine beverages throughout day.
2. Aiming for optimum use of ready prepared foodstuffs is meant to help save on preparation and storage space – latter divided between supplies block and kitchen. In absence of piped steam, cooking is by gas or electricity.
3. Tray-service of plated meals to adult patients in upper wards (and geriatric unit – MK 2 only); otherwise bulk food delivery to "local" serveries. Ward staff distribute meals and return dirties to central wash-up, also prepare non-routine beverages on the spot.
4. Dietition supervises therapeutic diets and nutritional aspects in general, also counsels at OPD sessions.
5. Snack Bar offers 24-hr counter service for all-comers; sends ordered trolleys to staff lounges in education centre etc; and meals/drinks can go via hoist to patients in day and emergency unit, theatre staff and the like.
6. As for MK 1.

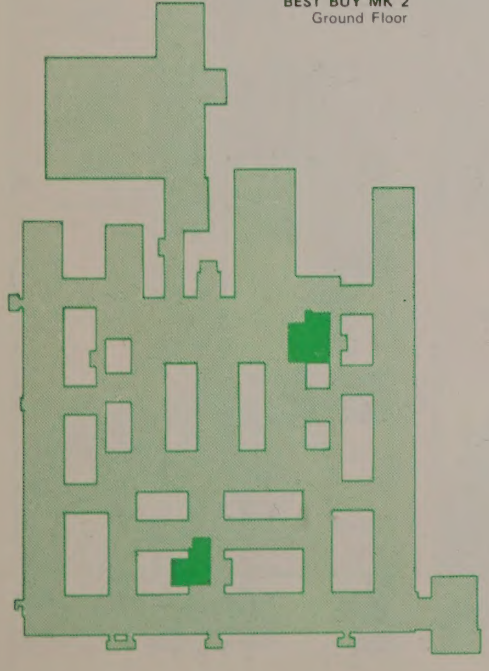
EVALUATIVE COMMENT:
Adherence to MK 1 policies – eg to use "ready-prepared" foods – may repeat the same problems as regards kitchen/dining spaces; storage functions (although still split between 2 locations) should be much easier.

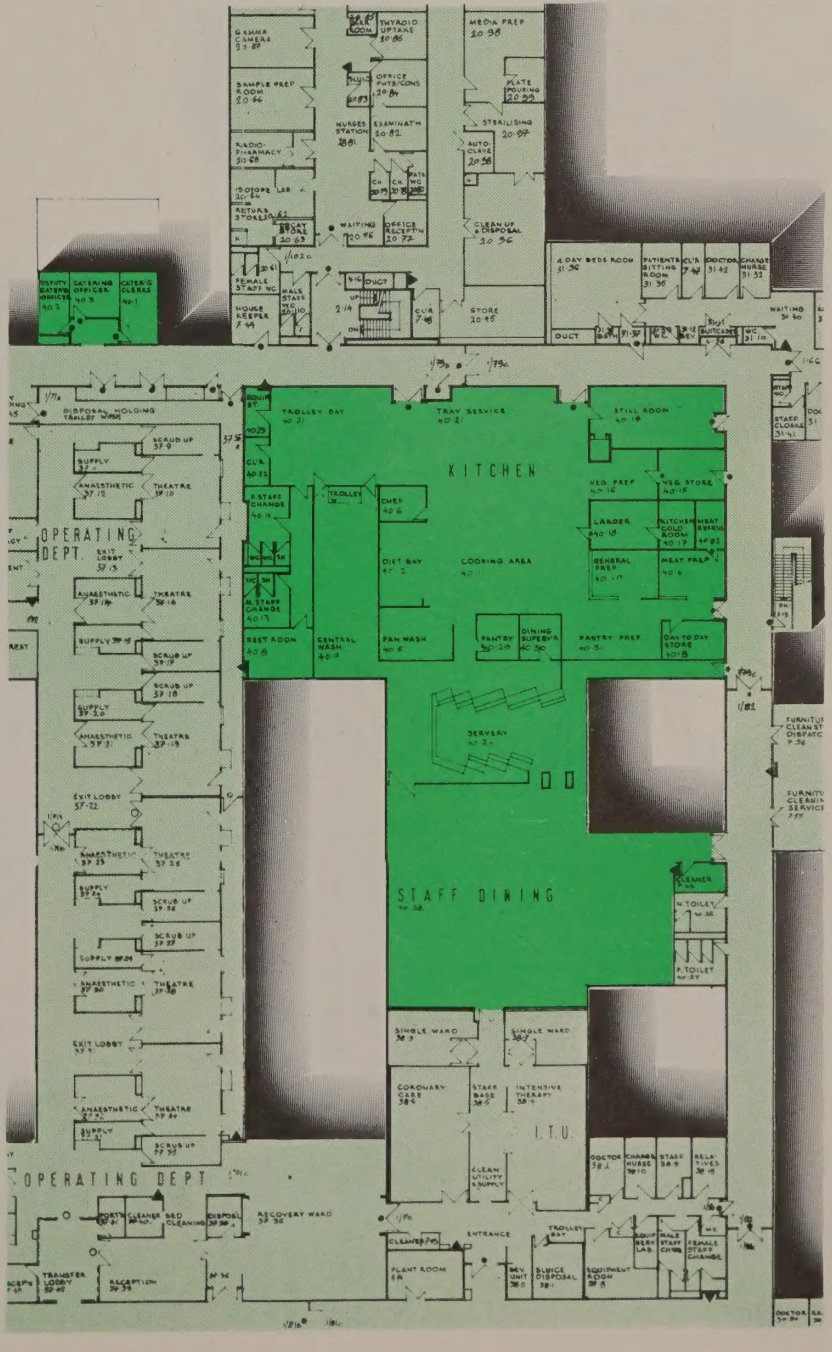
BEST BUY MK 2
First Floor



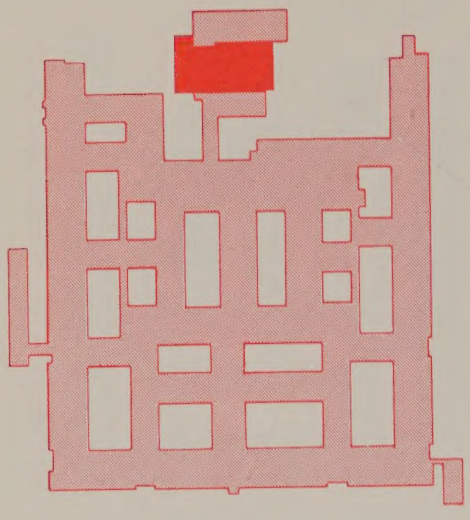


BEST BUY MK 2
Ground Floor





BEST BUY MK 1
Ground Floor

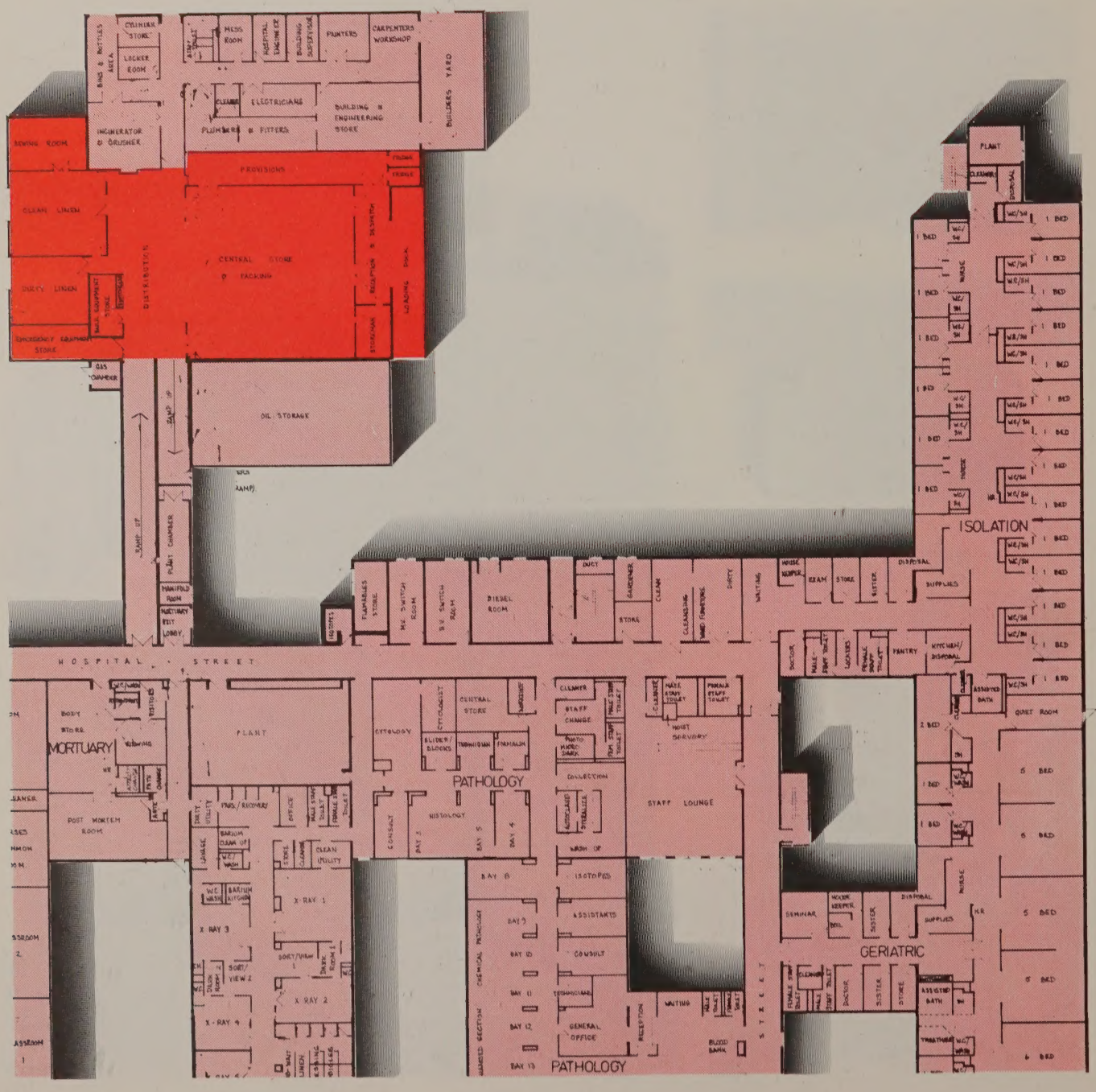


DEPARTMENT: MAIN STORES AND LINEN-HANDLING
AREA: 968 sq. metres (incl. Works: NB Frimley is larger).
SAVING ON DHSS NORM. 8.6%

CONTENT:
General store fitted out with racking and benching.
Provisions store plus refrigerators.
Pharmacy store (Frimley only).
Load/unload dock, goods reception, storekeeper's office.
Emergency call store for overnight requirements.
Clean and dirty linen rooms, sewing room.
Bulk cleaning equipment "park".

POLICY
1. To handle every type of goods inward and outward serving:-
at Bury – DGH only (sub-area stores available nearby);
at Frimley – the whole group of hospitals.
2.)
3.) As for MK 2.
4.)
5.)
6. Off-sited laundry demands good organisation for supply and return of linen, uniforms etc – "exchange trolley" system used for ward linen.
7. Stock records, control and security are matters of prime importance both in design and management.

EVALUATIVE COMMENT:
Storage appears inadequate for pattern of trade deliveries as experienced, plus greater use of disposables; internal supply "trains" OK but rounds not properly programmed; limited use of topping-up suggests persistent preference (whether by users or stores staff) for requisitioning routines.
NHS Reorganisation has affected higher management, purchasing policy and other such matters.



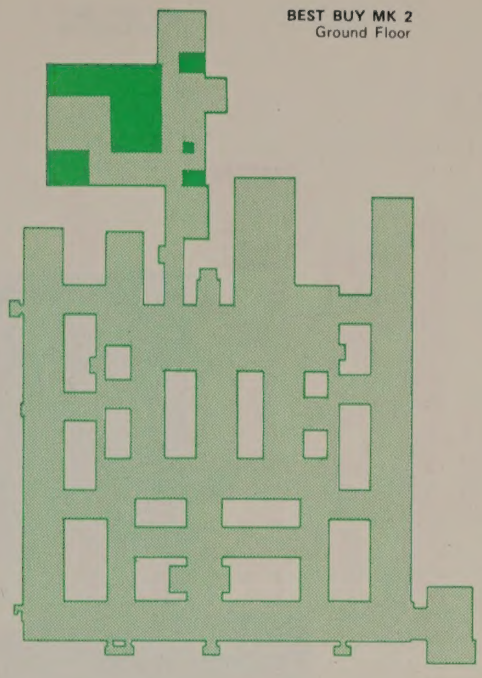
DEPARTMENT: MAIN STORES AND LINEN-HANDLING
AREA: 2685 sq. metres (incl. Works)
SAVING ON DHSS NORM. 11.5% extra (Nom. outdated).

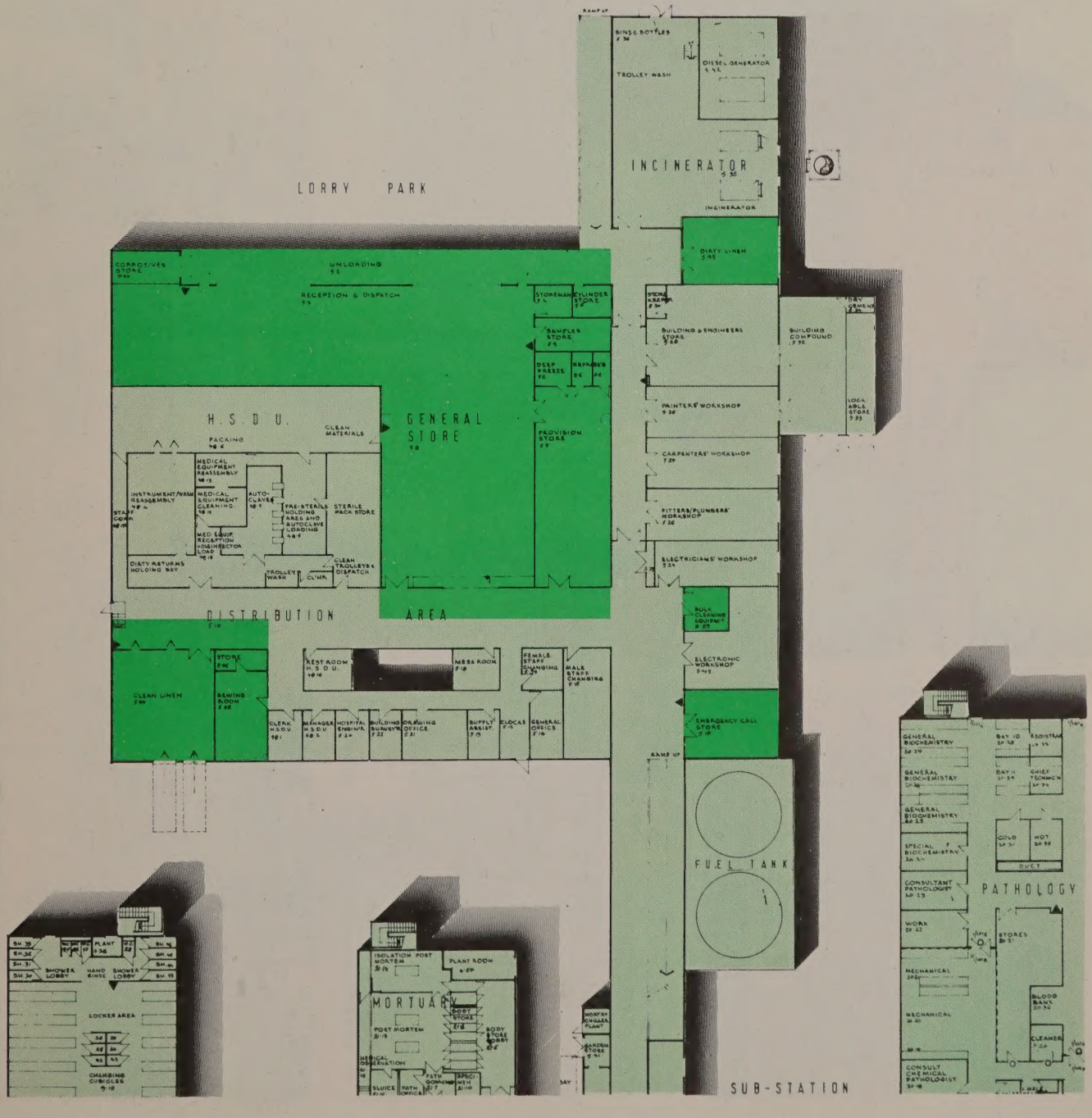
CONTENT:
General store with extra rooms for corrosives and samples.
Provisions store including deep freeze/refrigerators.
Load/unload dock, goods reception, storekeeper's office.
Emergency call store for overnight requirements.
Clean and dirty linen rooms and sewing room.
Bulk cleaning equipment "park".
Admin offices and (shared) staff changing.

POLICY:
1. To handle every type of goods inward and outward, providing full district service but subject to Area oversight from Norwich.
2. To hold adequate but not excessive stocks (say 5 days or so, depending on delivery intervals) of consumable items, supported by storage facilities at ward/department level.
3. Goods to be conveyed throughout hospital via ramps to either floor, by means of tug-and trailer "trains" on programmed rounds.
4. Similar rounds to collect refuse etc for disposal, after sorting and bagging by users.
5. Supplies in constant use restocked on routine "topping-up" basis; others – plus furniture etc – subject to requisition.
6.)
7.) As for MK 1.

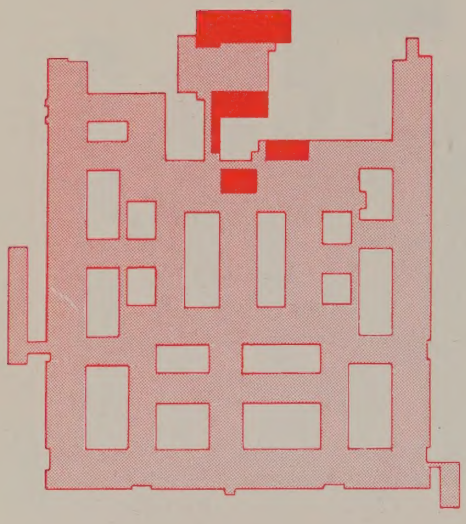
EVALUATIVE COMMENT:
Stores block much larger than MK 1 (to take in HSDU as well) and layout improved – should cope better with delivery fluctuations. Otherwise all aspects of supplies policy remain as before; success in use will be very much a matter of good O and M.

BEST BUY MK 2
Ground Floor





BEST BUY MK 1
Ground Floor

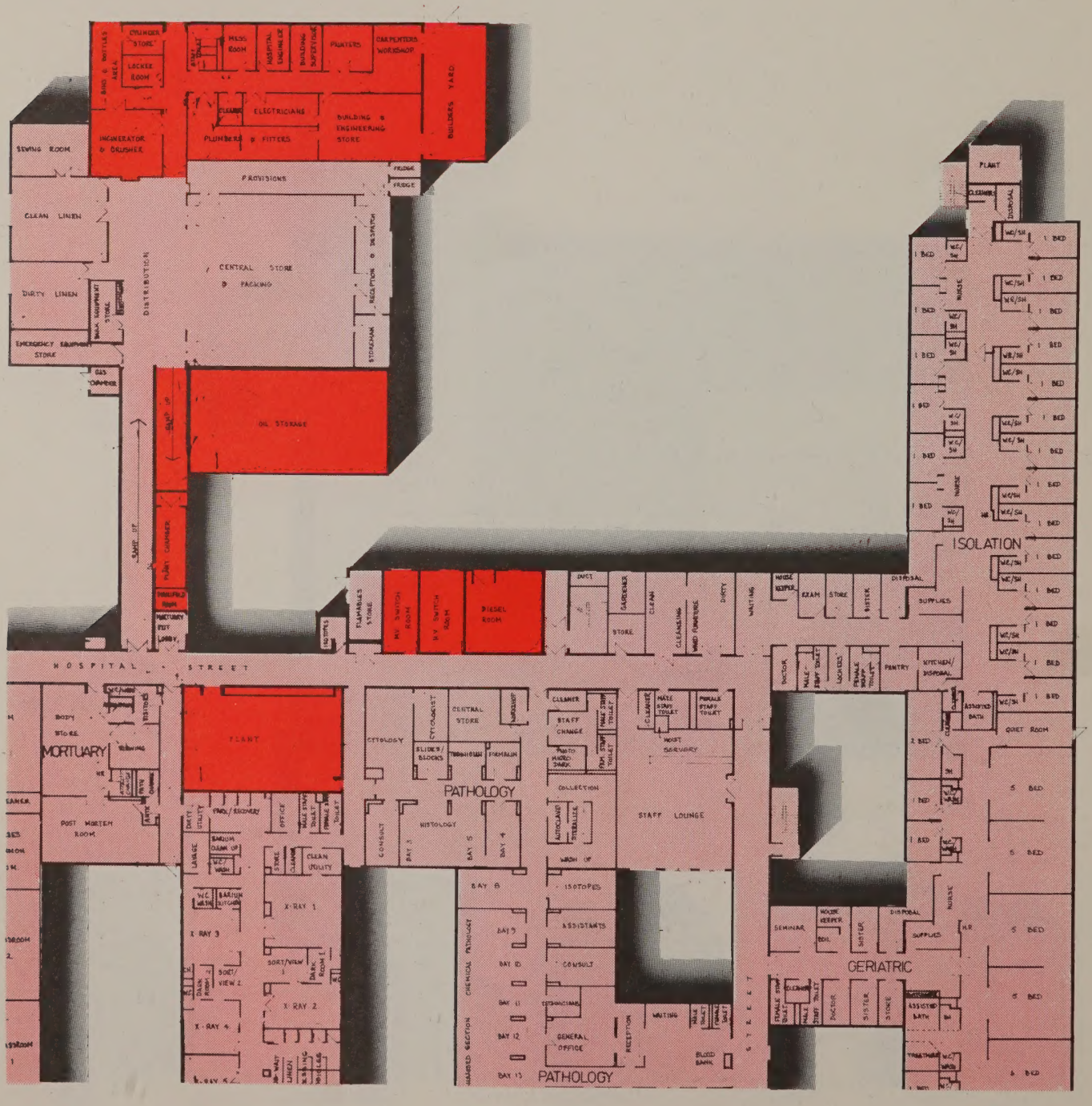


DEPARTMENT: WORKS (SHOWING CERTAIN PLANT-ROOMS AS WELL)
AREA:)
SAVING ON DHSS NORM.) **Main Works Dept. integrated with Stores Block**

CONTENT:
General store plus external builders' yard.
4 Workshops for: plumbers and fitters; painters; carpenters; electricians.
(No garage or vehicle maintenance).
Offices for hospital engineer and building supervisor.
Staff mess room, locker room and WCs.
Incinerator/crusher room plus external bins/bottles area.
Oil fuel tanks; plant chambers etc. beneath ramp.
Standby generators; switchgear rooms.
Main plant-room for theatres etc.
(Boiler-houses, lift-and other plant-rooms on hospital roof).

POLICY:
1. To keep buildings, services and equipment in good working order, applying system of planned preventive maintenance (PPM) as far as possible; also upkeep of grounds.
2. To undertake only limited repairs and structural alterations, relying on manufacturers to service major equipment and on outside contractors for B and E works.
3.)
4.) As for MK 2
5.)

EVALUATIVE COMMENT:
Implementation of PPM was rather slow; growth of ad hoc servicing/repairs arrangements (? poor attendance by equipment manufacturers) creates demand for more workshop space and machinery; standby power supplies inadequate; accessibility of plant, controls, drains etc also subject to criticism.
However, users on the whole seem content with environmental aspects.



DEPARTMENT: WORKS (SHOWING CERTAIN PLANT-ROOMS AS WELL)
AREA:)
SAVING ON DHSS NORM:) **Main Works Dept. integrated with Stores Block.**

BEST BUY MK 2
Ground Floor

CONTENT:
Generally as for MK 1 but larger, with these modifications:
- Builders compound includes lockable store.
- Additional workshop for electronics.
- Standby generators removed to far end of block.
- Additional office for drawings/clerks/records.
- Staff given proper changing rooms (shared).

POLICY:
1. As for MK 1.
2. Repairs, servicing etc – increase in workshop facilities allows for growing use of complex equipment plus enforced need for self-reliance.
3. Automatic boilers and other rooftop installations planned for inspection by daily rounds; much equipment (eg fans) can be serviced/replaced without disturbing user areas.
4. Environment (light, heat, ventilation) controllable to extent demanded by clinical factors or comfort of patients; also NB safety requirements as regards piped services, fire alarms etc.
5. Records of all kinds to be maintained for purposes of budgeting and depreciation – management chain to District and Area.

EVALUATIVE COMMENT:
MK 1 criticisms led to various improvements (eg in accessibility of service mains and controls) but no real change in basic philosophy.

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